

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10233

1. Entity Name

TRINITY EVANGELICAL PRESBYTERIAN CHURCH, INC.

Principal Place of Business

5150 OLEANDER AVENUE
FT PIERCE FL 34982

Mailing Address

5150 OLEANDER AVENUE
FT PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0018222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, JEFFREY G.
809 PARKWAY DRIVE
FT PIERCE FL 34950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME JENNINGS, CONSTANCE
STREET ADDRESS 611 PALM BEACH DRIVE
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SHIRA, DAVID
STREET ADDRESS 2032 SW JUDITH AVENUE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME DEVAUCT, LLOYD
STREET ADDRESS 5202 HICKORY DR
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☒ Addition
NAME LYNN HAHN
STREET ADDRESS 1017 SHAKESPEARE AVE
CITY-ST-ZIP PORT ST LUCIE FL 34988

TITLE ☐ Delete
NAME HILL, WILMA
STREET ADDRESS 784 NW PLACID AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☒ Change ☐ Addition
NAME WILMA HILL
STREET ADDRESS 6960 NW HARTNEY WAY
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE ☐ Delete
NAME BICE, DAVID
STREET ADDRESS 2803 GROVE DR
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PULS, BILL
STREET ADDRESS 1166 SW E LEUTHRA AVENUE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONSTANCE R JENNINGS
DIRECTOR
1/30/02

Date

Daytime Phone #

CR2E037 (9/01)