

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14558** (3)

1. Corporation Name

TRINITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

C/O DR HAL YOUNGBLOOD
1011 STATE ROAD 540 S.W.
WINTER HAVEN FL 33880
US

C/O DR HAL YOUNGBLOOD
1011 STATE ROAD 540 S.W.
WINTER HAVEN FL 33880
US

2. Principal Place of Business

2a. Mailing Address

21 C/O REV. MARCELLA FREEZE C/O MARCELLA FREEZE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1011 STATE RD. 540 SW

27 1011 STATE RD 540 SW

City & State

City & State

23 WINTER HAVEN, FL

28

Zip

County

Zip

Country

24 33880

25 POLK

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCELLA FREEZE
YOUNGBLOOD, HAL D
1011 STATE ROAD 540 SW
WINTER HAVEN FL 33880

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Rev. Marcella Freeze

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

(NOTE: Registered Agent signature required when reinstating)

4/6/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, BILL	
STREET ADDRESS	100 NORTH POINTE DRIVE	
CITY - ST - ZIP	AUBURNDALE FL	

1.1 TITLE	MODERATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUBY EDELSTEIN	
1.3 STREET ADDRESS	94 REINCKE RD.	
1.4 CITY - ST - ZIP	HAJES CITY FL 33844	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, BARBARA	
STREET ADDRESS	1990 14 ST NW	
CITY - ST - ZIP	WINTER HAVEN FL	

2.1 TITLE	TD SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLORIA ALLEN	
2.3 STREET ADDRESS	100 NORTH POINTE DRIVE	
2.4 CITY - ST - ZIP	AUBURNDALE FL 33823	

TITLE	TD FIN SECRETARY	<input type="checkbox"/> DELETE
NAME	EDELSTEIN, NOAH	
STREET ADDRESS	94 REINCKE RD	
CITY - ST - ZIP	HAJES CITY FL 33844	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	TD TREASURER	<input type="checkbox"/> DELETE
NAME	FARNSWORTH, RAYMOND	
STREET ADDRESS	2700 N US HWY 27, 1	
CITY - ST - ZIP	LAKE WALES FL 33853	

4.1 TITLE	TD ASS'T TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	URSULA STROUT	
4.3 STREET ADDRESS	550 LAKE BONNY DR. EAST	
4.4 CITY - ST - ZIP	LAKE LAND, FL 33801	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TEEGARDIN, DOROTHY	
STREET ADDRESS	143 BATES AVE SE	
CITY - ST - ZIP	WINTER HAVEN FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Farnsworth RAYMOND FARNSWORTH 1/28/98 941-679-816

CP2E037 (10/97)