## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N14558**

TRINITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

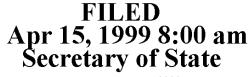
Principal Place of Business -0/O REV MARGELLA FREEZE +1911 SR-540 SW -WINTER HAVEN FL-93880

2. Principal Place of Business

Mailing Address

2a. Mailing Address

C/O.MARCELL FREEZE -1011 SR 540 SW WINTER HAVEN FL-33890



04-15-1999 90022 004 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

21 1011	State RD 540 West	26 Joil State	RAS	740 W	ect = 04/23/1986					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1-14		4. FEI Number	10 9HT	Ap.	plied For		
22 WINT	ER HAVEN-FL	F.L 27 WINTER HAVEN - FL			59-249003	3 59-2470	No   C 600	t Applicable		
City & State					5. Certifcate of St	atus Desired	\$8.75 A			
23 🛍 3	3880 POLK	28 33880 POLK			- Continuoto of Ci		Fee Re	quired		
Zip	Country	Zip Country			'	6. Election Campaign Financing \$5.00 May Be				
24		29	30		Trust Fund Cor	ntribution	Added t	o Fees		
Name and Address of Current Registered Agent						dress of New Register	ed Agent			
3				81 Name TRA S. WILLIAMS JR						
MARCELDA FREEZE				82 Street Address (P.O. Box Number is Not Acceptable)						
1011 STATE ROAD 540 SW WINTER-HAVEN FL 33880				1011 State Rd 540 WEST  B3 WINTER ILLYEN						
			}	84 City	INTEL IF		. 85 Zip (	Code		
			ļ			•	L 33	288 o		
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 append to obligations of, Section 617.0503, Florida Statutes.										
-	$\mathcal{L}_{i}$	Chams T	-					ł		
SIGNATURE	Signature, typed or printed name of registered agent a		E: Registered	Agent signatur	re required when reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CH	ANGES TO OFFICERS				
TITLE	TD	☐ DELETE	1.1 TIT	Æ			☐ Change	Addition		
NAME	EDELSTEIN, RUBY		1.2 NA	WE				ļ		
STREET ADDRESS	44 REINCKE RD		1.3 ST	REET ADDRES	SS					
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CF	Y-ST-ZIP						
TITLE	DTS	DELETE	2.1 TI	LE	DT		' <b>⊠</b> *Change	☐ Addition		
NAME	ALLEN, CLORIA		2.2 NA	WE	CANDI TIPT	ON				
STREET ADDRESS	-100-N-POINTE DR		2.3 ST	REET ADDRES	S 701 AVE G	NE		1		
CITY-ST-ZIP,	-AUBURNDALE FL 33823	1 - + + -4	2. 4 CI	ry-st-zip	- WINTER H	AVEN FL 3	3880	-		
TITLE	-FDS	<b>□</b> DELETE	3.1 TIT	LE	DT		Change	☐ Addition		
NAME	-EDELSTEIN: NOAH-		3.2 NA	ME	JAMES P.	SMITH	~~			
STREET ADDRESS	94 REINCKE RD		3.3 ST	REET ADDRES	SS 9705 LAKE	BESS RD	353			
CITY-ST-ZIP	HAINES CITY-FL 33844		3.4. CI	TY-ST-ZIP	WINTERHA	VEN FL 3	3884	-		
TITLE	TD	☐ DELETE	4.1 TI	LE	DT		Change	☐ Addition		
NAME	STROUT, URSULA		4. 2 N	ME	URSULA ST	ROUT	_			
STREET ADDRESS	550 LAKE BUNNY DR E		4.3 ST	REET ADDRES	\$ 2225 KNI	GILTS RD ST	W	ļ		
CITY-ST-Z!P	LAKELAND FL 33801		4.4 Cľ	Y-ST-ZIP	WINTER H		33880			
TITLE	T	DELETE	5.1 TIT	<del></del>			Change	Addition		
NAME	TEEGARDIN, DOROTHY	•	5.2 NA	ME						
STREET ADDRESS	143 BATES AVE SE		5.3 ST	REET ADORES	SS					
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CF	Y-ST-ZIP						
TITLE	THE PERSON NAMED IN THE PE	☐ DELETE	6.1 Til	LE			Change	☐ Addition		
NAME			6.2 NA	ME						
			6.3 ST	REET ADDRES	ss					
2 LIKEE I ADDIKE 22	えが 後 こうぎ		I							

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, with all other like empowered.

SIGNATURE:

941-324-8513