


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14558

1. Corporation Name

TRINITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

~~C/O REV MARCELLA FREEZE~~
~~1011 SR 540 SW~~
~~WINTER HAVEN FL 33880~~
 US

Mailing Address

~~C/O MARCELL FREEZE~~
~~1011 SR 540 SW~~
~~WINTER HAVEN FL 33880~~
 US



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 <u>1011 State Rd 540 West</u>		26 <u>1011 State Rd 540 West</u>	<u>04/23/1986</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <u>WINTER HAVEN FL</u>		27 <u>WINTER HAVEN FL</u>	4. FEI Number <u>59-2470033</u>
City & State		City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 <u>FL 33880</u> <u>Polk</u>		28 <u>33880</u> <u>Polk</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country		Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent

~~MARCELLA FREEZE~~
~~1011 STATE ROAD 540 SW~~
~~WINTER HAVEN FL 33880~~

10. Name and Address of New Registered Agent

81 Name	<u>IRA S. WILLIAMS JR</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>1011 State Rd 540 WEST</u>
83	<u>WINTER HAVEN</u>
84 City	<u>FL</u>
85 Zip Code	<u>33880</u>

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 Ira S. Williams Jr DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>TD</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>EDELSTEIN, RUBY</u>	1.2 NAME	
STREET ADDRESS	<u>44 REINCKE RD</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>HAINES CITY FL 33844</u>	1.4 CITY-ST-ZIP	
TITLE	<u>DTS</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<u>DT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ALLEN, GLORIA</u>	2.2 NAME	<u>CANDI TIPTON</u>
STREET ADDRESS	<u>100 N-POINTE DR</u>	2.3 STREET ADDRESS	<u>701 AVE G NE</u>
CITY-ST-ZIP	<u>AUBURNDALE FL 33823</u>	2.4 CITY-ST-ZIP	<u>WINTER HAVEN FL 33880</u>
TITLE	<u>FDS</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<u>DT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>EDELSTEIN, NOAH</u>	3.2 NAME	<u>JAMES P. SMITH</u>
STREET ADDRESS	<u>04 REINCKE RD</u>	3.3 STREET ADDRESS	<u>9705 LAKE BESS RD #353</u>
CITY-ST-ZIP	<u>HAINES CITY FL 33844</u>	3.4 CITY-ST-ZIP	<u>WINTER HAVEN FL 33884</u>
TITLE	<u>TD</u> <input type="checkbox"/> DELETE	4.1 TITLE	<u>DT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>STROUT, URSULA</u>	4.2 NAME	<u>URSULA STROUT</u>
STREET ADDRESS	<u>550 LAKE BUNNY DR E</u>	4.3 STREET ADDRESS	<u>2225 KNIGHTS RD SW</u>
CITY-ST-ZIP	<u>LAKELAND FL 33801</u>	4.4 CITY-ST-ZIP	<u>WINTER HAVEN FL 33880</u>
TITLE	<u>T</u> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>TEEGARDIN, DOROTHY</u>	5.2 NAME	
STREET ADDRESS	<u>143 BATES AVE SE</u>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<u>WINTER HAVEN FL</u>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Ira S. Williams Jr **SIGNATURE REQUIRED** April 6, 1999 941-324-8513
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037- (1/98)