

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14558

1. Entity Name

TRINITY CONGREGATIONAL UNITED CHURCH OF CHRIST;

Principal Place of Business

1011 SR 540 W
WINTER HAVEN FL 33880
US

Mailing Address

1011 SR 540 W
WINTER HAVEN FL 33880
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2470033

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES P

LOT-353
9705 LAKE BESS RD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name WEBSTER, CHARLES L.

Street Address (P.O. Box Number is Not Acceptable)
456 VILLAGE CIRCLE SW

City WINTER HAVEN FL Zip Code 33880

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 Charles L Webster

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

(NOTE: Registered Agent signature required when reinstating)

MAR. 22, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATE, CALVIN 502 PARKER LANE NE WINTER HAVEN FL 33881-2626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBSTER, CHARLES L 456 VILLAGE CIRCLE SW WINTER HAVEN FL 33880-1667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, JAMES P 9705 LAKE BESS RD., #353 WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STROUT, URSULA 2225 KNIGHTS RD. SW WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEEGARDIN, DOROTHY 143 BATES AVE SE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM DIETERT, IRMA G. 2420 CLEVELAND HTS. LAKE LAND FL 33003-3115	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN FL 33884-3243	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDELSTEIN, NOAH 92 REINEKE RD. HAINEES CITY, FL 33844-2866	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN, FL 33880-3265	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

CHARLES L WEBSTER MAR 22 '01 863-294-7285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

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