

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90461 021 ****61.25

DOCUMENT # N14558

1. Entity Name

TRINITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

1011 SR 540 W
 WINTER HAVEN FL 33880
 US

1011 SR 540 W
 WINTER HAVEN FL 33880
 US

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

59-2470033

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

~~WEBSTER, CHARLES L~~
456 VILLAGE CIRCLE SW
WINTER HAVEN FL 33880

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

Charles L Webster

CHARLES L WEBSTER

JUNE 15 2002

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 **PM** ☐ Delete
 NAME **DIETERT, IRMA G**
 STREET ADDRESS **2420 CLEVELAND HTS**
 CITY-ST-ZIP **LAKELAND FL 33803-3115**

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

TITLE **TD** ☐ Delete
 NAME **WEBSTER, CHARLES L**
 STREET ADDRESS **456 VILLAGE CIRCLE SW**
 CITY-ST-ZIP **WINTER HAVEN FL 33880-1667**

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

TITLE **DT** ☐ Delete
 NAME **SMITH, JAMES P**
 STREET ADDRESS **9705 LAKE BESS RD., #353**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE **DT** ☒ Delete
 NAME **STROUT, URSULA**
 STREET ADDRESS **2225 KNIGHTS RD. SW**
 CITY-ST-ZIP **WINTER HAVEN FL 33884-3243**

TITLE **DT** ☒ Change ☐ Addition
 NAME **MIKE FARNSWORTH**
 STREET ADDRESS **3782 ANTILLES RD**
 CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE **DT** ☐ Delete
 NAME **EDELSTEIN, NOAH**
 STREET ADDRESS **92 REINEKE RD**
 CITY-ST-ZIP **WINTER HAVEN FL 33884-2866**

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

TITLE **T** ☐ Delete
 NAME **TEEGARDON, DOROTHY**
 STREET ADDRESS **143 BATES AVE SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33880-3265**

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:

Charles L Webster **CHARLES L WEBSTER**

JUNE 15 2002 294-7285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)