

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 019 \*\*\*\*70.00

**DOCUMENT # N14558**

1. Entity Name

TRINITY CONGREGATIONAL UNITED CHURCH OF  
CHRIST, INC.



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



MOORE

CR2E037 (11/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles L Webster*

CHARLES L. WEBSTER

2-29-04

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE NAME ☐ Delete  
TD WILEY, MARDEL  
STREET ADDRESS 359 WALDORF DR  
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE NAME ☐ Delete  
SD PEACH, AL  
STREET ADDRESS 9705 LAKE BESS RD #756  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE NAME ☐ Delete  
DT FARNSWORTH, MIKE  
STREET ADDRESS 3782 ANTILLES RD  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE NAME ☐ Delete  
DT KNAPP, ROBERT  
STREET ADDRESS 616 PEACOCK TRAIL  
CITY-ST-ZIP HAINES CITY FL 33844

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME ☒ Change ☐ Addition  
SD HAMEL, PAT  
STREET ADDRESS 124 WINTERDALE DRIVE S.  
CITY-ST-ZIP WINTER HAVEN FL 33881-9408

TITLE NAME ☒ Change ☐ Addition  
DT PURCELL STELLA  
STREET ADDRESS 1837 ORANGE WOOD AVE  
CITY-ST-ZIP WINTER HAVEN FL 33880-6518

TITLE NAME ☒ Change ☐ Addition  
DT PEACH BETTY  
STREET ADDRESS 9705 LAKE BESS RD #658  
CITY-ST-ZIP WINTER HAVEN FL 33884-3231

TITLE NAME ☐ Change ☐ Addition  
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*

2-29-04

863 294-7285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #