2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90024 044 ****70.00

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

1st MOORE CR2E037 (10/04)

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

SIGNATURE _____
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, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PM ☒ Delete	TITLE	PM ☒ Change ☐ Addition
NAME	WEBSTER, CHARLES L	NAME	~~MARISHA~~ NOWAK, MARISHA
STREET ADDRESS	456 VILLAGE CIRCLE SW	STREET ADDRESS	P O BOX 1878
CITY-ST-ZIP	WINTER HAVEN FL 33880	CITY-ST-ZIP	DUNDEE FL 33838-1878
TITLE	TD ☒ Delete	TITLE	TD ☒ Change ☐ Addition
NAME	WILEY, MARDEL	NAME	WEBSTER, CHARLES L.
STREET ADDRESS	359 WALDORF DR	STREET ADDRESS	456 VILLAGE CIRCLE S W
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP	WINTER HAVEN FL 33880-1667
TITLE	SD ☒ Delete	TITLE	SD ☒ Change ☐ Addition
NAME	HAMEL, PAT	NAME	BASS, OLETA
STREET ADDRESS	124 WINTERDALE DRIVE S	STREET ADDRESS	1585 OAKVIEW CIRCLE SE
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP	WINTER HAVEN FL 33880-4426
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PURCELL, STELLA	NAME	
STREET ADDRESS	1837 ORANGE WOOD AVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	CITY-ST-ZIP	
TITLE	DT ☒ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	PEACH, BETTY	NAME	KNAPP, JACKIE
STREET ADDRESS	9705 LAKE BESS RD #658	STREET ADDRESS	616 PEACOCK TRAIL
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	HAINES CITY FL 33844-9539
TITLE	T ☒ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	TEEGARDON, DOROTHY	NAME	CURTIS, JANET
STREET ADDRESS	143 BATES AVE SE	STREET ADDRESS	1701 FLINT DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33880-3265	CITY-ST-ZIP	AUBURNDALE FL 33823-9678

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 03/24/05 (863) 294-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #