

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16652 (2)**
1. Corporation Name
TRINITY PRESBYTERIAN CHURCH OF KEY WEST, INC.



Principal Place of Business: 717 SIMONTON STREET, P.O. BOX 6471, KEY WEST FL 33041-3471
Mailing Address: 717 SIMONTON STREET, P.O. BOX 6471, KEY WEST FL 33041-3471

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 22-2087725
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**LOPEZ, MICHELE R.
396 BALIDO STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent
81 Name: **SAWYER, MYRNA E.**
82 Street Address (P.O. Box Number Is Not Acceptable): **E-6 11th Avenue**
84 City: **Key West**, 85 Zip Code: **FL 33040**

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: *Myrna E. Sawyer* (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STALLINGS, JIM E.	
STREET ADDRESS	718 OLIVIA STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ABRAHAM	
STREET ADDRESS	E-49 12TH AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEED, AUWINA S.	
STREET ADDRESS	405 WILLIAM ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, BRENDA J.	
STREET ADDRESS	750 AVENUE F, BIG COPPITT	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, GLENWOOD	
STREET ADDRESS	396 BALIDO STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, IZETTE	
STREET ADDRESS	423 OLIVIA ST	
CITY-ST-ZIP	KEY WEST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STAFFORD, BURNEY E.	
1.3 STREET ADDRESS	WEST ISLE APTS. D-203, 3333 DUCK AVENUE	
1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDS, SHELLY A.	
2.3 STREET ADDRESS	WEST ISLE APTS. D-203, 3333 DUCK AVE.	
2.4 CITY-ST-ZIP	KEY WEST, FL 33040	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOPEZ, GREGORY S.	
5.3 STREET ADDRESS	D-42 11th AVENUE	
5.4 CITY-ST-ZIP	KEY WEST, FL 33040	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Auwina S. Weed* Date: 4/29/96 (305) 294-8768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)