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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33041-6471
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3. Date Incorporated or Qualified 09/04/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 22-2087725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SAWYER, MYRNA E.
E-6 11TH AVENUE
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	STAFFORD, BURNEY E.
STREET ADDRESS	3333 DUCK AVE., WEST ISLE APTS. D-203
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, SHELLY A.
STREET ADDRESS	3333 DUCK AVE., WEST ISLE APTS. D-203
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 type="checkbox"/> DELETE
NAME	LOPEZ, GREGORY S.
STREET ADDRESS	D-42 11TH AVENUE
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input checked="" 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norma Jean Sawyer
1.3 STREET ADDRESS	2317 Staples Ave
1.4 CITY-ST-ZIP	Key West FL 33040
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	715 Olivia St
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Linda McLeod
6.3 STREET ADDRESS	301 White St, Apt 15C
6.4 CITY-ST-ZIP	Key West FL 33040

14. I do 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 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 _____

CR2E037 (9/96)