

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 042 ****70.00

A0078809



DO NOT WRITE IN THIS SPACE

DOCUMENT # N16652

1. Entity Name R
TRINITY PRESBYTERIAN CHURCH OF KEY WEST, INC.

Principal Place of Business 717 SIMONTON STREET KEY WEST FL 33040	Mailing Address PO BOX 6471 KEY WEST FL 33041
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 22-2087725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE	D SAWYER, NORMA JEAN <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
	2317 STEPLES AVE		KEY WEST FL
	KEY WEST FL		
TITLE	D SANDS, SHELLY A. <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
	715 OLIVIA ST.		KEY WEST-FL
	KEY WEST-FL		
TITLE	T WEED, AUWINA S. <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
	405 WILLIAM ST.		KEY WEST FL
	KEY WEST FL		
TITLE	D MILLER, BRENDA J. <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
	750 AVENUE F,BIG COPPITT		KEY WEST FL
	KEY WEST FL		
TITLE	D LOPEZ, GREGORY S. <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
	D-42 11TH AVENUE		KEY WEST FL
	KEY WEST FL		
TITLE	D MCLEOD, LINDA <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
	301 WHITE ST., APT. 15C		KEY WEST FL
	KEY WEST FL		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Auwinia Weed* **WEED, AUWINA** *treasurer* **12 IX 00** **305-294-8768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)