

**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 # **N27751 (9)**  
1. Corporation Name  
**CHURCH OF THE TRINITY, METROPOLITAN COMMUNITY CHURCH, INC.**



Principal Place of Business Mailing Address  
**7225 N LOCKWOOD RIDGE RD SARASOTA FL 34243**

3. Date Incorporated or Qualified **08/04/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number **23-7094543** Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent  
**REV. T. EDWARD HELMS  
4411 SANDNER DR  
SARASOTA FL 34243**

10. Name and Address of New Registered Agent  
81 Name **Rev. Gustave Kein**  
82 Street Address (P.O. Box Number is Not Acceptable) **7225 N. Lockwood Ridge Rd.**  
83  
84 City **Sarasota,** FL 85 Zip Code **34243**

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.  
**REV. GUSTAVE KEIN/PASTOR** DATE **5/1/96**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>PHILLIPS, DAVE</b>                               | 1.2 NAME  | <b>DeMarco, Lou Jr.</b>   |
| STREET ADDRESS             | <b>7613 SENRAB DR</b>                               | 1.3 STREET ADDRESS                                    | <b>6101 - 34th St. W. #12G</b>  |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                                 | 1.4 CITY-ST-ZIP                                       | <b>Bradenton, FL 34210</b>  |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CLAYTON, SUE</b>                                 | 2.2 NAME  | <b>Clayton, Sue</b>   |
| STREET ADDRESS             | <b>604 COLONIAL BAY DR</b>                          | 2.3 STREET ADDRESS                                    | <b>6024 - 28th St. W.</b>   |
| CITY-ST-ZIP                | <b>NOKOMIS FL</b>                                   | 2.4 CITY-ST-ZIP                                       | <b>Bradenton, FL 34207</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>GOSTKOWSKI, PATTI</b>                            | 3.2 NAME  | <b>Crawford, Ron</b>  |
| STREET ADDRESS             | <b>4754 VISON WAY</b>                               | 3.3 STREET ADDRESS                                    | <b>3034 - 59th St.</b>  |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  | 3.4 CITY-ST-ZIP                                       | <b>Sarasota, FL 34243</b>   |
| TITLE                      | <b>C</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SHARP, MICHAEL</b>                               | 4.2 NAME  | <b>Mrazik, Michael</b>  |
| STREET ADDRESS             | <b>3078 WOODPINE LANE</b>                           | 4.3 STREET ADDRESS                                    | <b>6731 Washington Place</b>  |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                  | 4.4 CITY-ST-ZIP                                       | <b>Bradenton, FL 34207</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>LOGUE, JIM</b>                                   | 5.2 NAME  | <b>Miller, Vickie</b>   |
| STREET ADDRESS             | <b>903 LEMONWOOD AVE</b>                            | 5.3 STREET ADDRESS                                    | <b>1408v 37th St. Ct. W.</b>  |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                                 | 5.4 CITY-ST-ZIP                                       | <b>Bradenton, FL 34205</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MURRARI, TIM</b>                                 | 6.2 NAME  | <b>Fisher, Linda</b>  |
| STREET ADDRESS             | <b>6066 BEEDLE ST</b>                               | 6.3 STREET ADDRESS                                    | <b>2698 - 60th Ave. Ter. W.</b>   |
| CITY-ST-ZIP                | <b>NORTH PORT FL</b>                                | 6.4 CITY-ST-ZIP                                       | <b>Bradenton, FL 34207</b>  |

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 prepare 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 **Rev. Gustave Kein** DATE **4-30-96** DAYTIME PHONE # **941-355-0847**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)