

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90007 028 ****61.25

DOCUMENT # N27751

1. Entity Name

CHURCH OF THE TRINITY, METROPOLITAN COMMUNITY CH

Principal Place of Business

Mailing Address

**7225 N LOCKWOOD RIDGE RD
 SARASOTA FL 34243**

**7225 N LOCKWOOD RIDGE RD
 SARASOTA FL 34243-4526**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7094543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required.**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEIN, REV. G
 7225 N. LOCKWOOD RIDGE RD.
 SARASOTA FL 34243**

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 _____

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEMARCO, LOU J | |
| STREET ADDRESS | 6101 - 34TH ST. W. #12G | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CLAYTON, SUE | |
| STREET ADDRESS | 6024 - 28TH ST. W. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIS, ELAINE | |
| STREET ADDRESS | 4124 CADDIE DR. E. | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | ALBRECHT, MICHAEL | |
| STREET ADDRESS | 5316 5TH ST. CT. E. | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KEIN, REV. GUSTAVE G | |
| STREET ADDRESS | P.O. BOX 1573 | |
| CITY-ST-ZIP | SARASOTA FL 34230 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bob Landry | |
| STREET ADDRESS | 41 talltrees court | |
| CITY-ST-ZIP | Sarasota, Fl. 34232 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steve Eller | |
| STREET ADDRESS | 3204 W. Forest Lakes Drive | |
| CITY-ST-ZIP | Sarasota, Fl. 34232 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Boyce Boston | |
| STREET ADDRESS | 7710 Pledger | |
| CITY-ST-ZIP | Sarasota, Fl. 34240 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jim Trautwein | |
| STREET ADDRESS | 6731 Washington Place | |
| CITY-ST-ZIP | Bradenton, Fl. 34207 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Albrecht

Date

Daytime Phone #

1-13-2000

CR2E037 (9/99)