2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2002 8:00 am Secretary of State **DOCUMENT # N27751** 1. Entity Name CHURCH OF THE TRINITY, METROPOLITAN COMMUNITY CH 02-10-2002 90030 020 ****61.25 URCH, INC. Principal Place of Business Mailing Address 7225 N LOCKWOOD RIDGE RD 7225 N LOCKWOOD RIDGE RD SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 23-7094543 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. Street Address (P.O. Box Number is Not Acceptable) WILSON, NANCY REV 7225 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CAROL LIDEA Change Addition TITLE Delete TITLE 3904 Bamboo Terrace NAME eller, steve NAME STREET ADDRESS STREET ADDRESS 5422 INVERNESS DR PL 34210 Bradenton CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Michael Albrecht Change ☐ Addition TITLE . Delete TITLE trautwein, James MAME NAME CLerk 5316 54 M St. CAT. E. STREET ADDRESS 6731 WASHINGTON PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Brodenton F1. 34203 **BRADENTON FL 34243** Change ☐ Addition ☐ Delete TITLE TITLE MIJOU, CATHY MIJON, CATHY NAME NAME STREET ADDRESS STREET ADDRESS 218 41ST STREET NE CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34208** Henry C. Hueber III 2737 Cardwell way Sarasofa Fl 34231 ☐ Addition Change TITLE ☐ Delete TITLE CRAWFORD, RONALD NAME Vice STREET ADDRESS 1912 DUDLEY PL STREET ADDRESS Moderator CITY-ST-ZIP SARASOTA FL 34235-0940 CITY-ST-ZIP Mithael Lafevers ☐ Change ☐ Addition ☐ Delete TITLE TITLE BALDWIN, JUDITH NAME NAME 2512 Nodos Dr. Member P O BOX 659 STREET ADDRESS STREET ADDRESS Shrasota, Fl. 34232 CITY-ST-ZIP CITY-ST-ZIP **ELLENTON FL 34222 ★** Addition **X** Delete TITLE MARTIN, PATRICIA NAME NAME DANN EDDY SO. 4553 HAMLETS GROVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FZ 34235 CITY-ST-ZIP SARASOTA FL 34235 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. Daytime Phone #