

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90227 042 ****61.25



DOCUMENT # N27751			
1. Entity Name CHURCH OF THE TRINITY, METROPOLITAN COMMUNITY CHURCH, INC.			
Principal Place of Business 7225 N LOCKWOOD RIDGE RD SARASOTA, FL 34243		Mailing Address 7225 N LOCKWOOD RIDGE RD SARASOTA, FL 34243	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, NANCY REV 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGBER, HANK 2737 CARDWELL WAY SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUEBER HANK 2737 CARDWELL WAY SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACHNUNCE, WENDY L 3008 59TH ST. SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA CHAUNCE, WENDY L 3008 59TH ST SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASSILAROS, ANN 2604 PALMA SOLA BLVD. BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER DOUGLAS 6545 TAILFEATHER WAY BRADENTON, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, BETTY 2608 BROWNING ST. SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENER JAMES A 2913 10TH ST W BRADENTON, FL 34209 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, EVONNE 1374 BRENNER PK DR. VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, CYNTHIA 6222 OLIVE AVE SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALISTER, KATHLEEN 571 LAKESIDE DR. BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIDEY, CAROL 3904 BAMBOO TERRACE BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" 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 all other like empowers.			
SIGNATURE: <i>Nancy Wilson</i>		Date: 4/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	