


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90095 003 ****70.00

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		4. FEI Number 65-0612811	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>MONA WEST</u> Street Address (P.O. Box Number is Not Acceptable) <u>7225 N. Lockwood Ridge Rd</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34243</u>		
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 <u>MONA WEST</u> x <u>Patricia J. Ann</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	V	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUEBER, HANK		NAME	MONA WEST	
STREET ADDRESS	2737 CARDWELL WAY		STREET ADDRESS	7225 N. LOCKWOOD Ridge Rd	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LA CHAUNCE, WENDY L		NAME	KEITH GEREN	
STREET ADDRESS	3008 59TH ST.		STREET ADDRESS	7225 N. LOCKWOOD Ridge Rd	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASSILAROS, ANN		NAME	KENNETH METZ	
STREET ADDRESS	2604 PALMA SOLA BLVD.		STREET ADDRESS	7225 N. LOCKWOOD Ridge Rd	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, DOUGLAS		NAME	ELLEN COVERT	
STREET ADDRESS	6545 TAILFEATHER WAY		STREET ADDRESS	7225 N. LOCKWOOD Ridge Rd	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICARD, EVONNE		NAME	MARA CASADO	
STREET ADDRESS	1374 BRENNER PK DR.		STREET ADDRESS	7225 N. LOCKWOOD Ridge Rd	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CYNTHIA		NAME		
STREET ADDRESS	6222 OLIVE AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MONA WEST x Patricia J. Ann 941-355-0847