

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27880 (6)

1. Corporation Name

TRINITY UNITED METHODIST CHURCH OF ST. PETERSBURG,
FLORIDA, INC.

Principal Place of Business

2401 FIFTH ST. SOUTH
ST. PETERSBURG FL 33705

Mailing Address

2401 FIFTH ST. SOUTH
ST. PETERSBURG FL 33705



3. Date Incorporated or Qualified

08/16/1988

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0651105

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINES, J. BRADFORD
3201 34TH STREET SOUTH
ST. PETERSBURG FL 33711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ C ☐ DELETE
NAME SCHERER, CLARK H., III
STREET ADDRESS 2401 FIFTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME J. Bradford Hines
1.3 STREET ADDRESS 2401 FIFTH STREET SOUTH
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☒ DELETE
NAME HERBERT, JOHN
STREET ADDRESS 2401 FIFTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Tom Underwood
2.3 STREET ADDRESS 2401 Fifth Street South
2.4 CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☐ DELETE
NAME SMITH, RACHEL
STREET ADDRESS 2401 FIFTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Isolyn Foster
3.3 STREET ADDRESS 2401 Fifth Street South
3.4 CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☒ DELETE
NAME HUNTER, JOHN
STREET ADDRESS 2401 FIFTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Jim Rodgers
4.3 STREET ADDRESS 2401 Fifth Street South
4.4 CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☒ DELETE
NAME DALY, JAMES F.
STREET ADDRESS 2401 FIFTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Debbie King
5.3 STREET ADDRESS 2401 Fifth Street South
5.4 CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☒ DELETE
NAME DALY, JUDY
STREET ADDRESS 2401 5TH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Curt. Sawyer
6.3 STREET ADDRESS 2401 Fifth Street South
6.4 CITY-ST-ZIP St. Petersburg, FL 33705

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 execute 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:

J. Bradford Hines J. Bradford Hines 8/18/96 813-822-6456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)