

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91101 021 \*\*\*\*61.25

**DOCUMENT # N32030**

1. Entity Name

**TRINITY CHRISTIAN CENTER OF GAINESVILLE, INC.**

Principal Place of Business

Mailing Address

**C/O DAN L. BOYKIN  
 5910 SW ARCHER RD.  
 GAINESVILLE FL 32608**

**C/O DAN L. BOYKIN  
 5910 SW ARCHER RD.  
 GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2882436**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYKIN, DAN L.  
 5910 SW ARCHER RD.  
 GAINESVILLE FL 32608**

agent the same  
 Address Change Only

Name

**Dan L. Boykin**

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

**10418 SW 122nd Street**

City

**Gainesville**

**FL**

Zip Code

**32608**

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.

**Agent the same - Address Change Only**

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: PD  
 NAME: BOYKIN, DAN L.  
 STREET ADDRESS: 5910 SW ARCHER RD.  
 CITY-ST-ZIP: GAINESVILLE FL  
 Delete

TITLE: PD  
 NAME: Dan L. Boykin  
 STREET ADDRESS: 10418 SW 122nd Street  
 CITY-ST-ZIP: Gainesville, FL 32608  
 Address  Change  Addition

TITLE: TSD  
 NAME: GARONE, RENEE' D  
 STREET ADDRESS: 3540 S.W. ARCHER RD., #116  
 CITY-ST-ZIP: GAINESVILLE FL 32608  
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: VPD  
 NAME: HOWARD-BOYKIN, CYNTHIA  
 STREET ADDRESS: 5910 S.W. ARCHER ROAD  
 CITY-ST-ZIP: GAINESVILLE FL 32608  
 Delete

TITLE: VPD  
 NAME: Howard-Boykin, Cynthia  
 STREET ADDRESS: 10418 SW 122nd Street  
 CITY-ST-ZIP: Gainesville, FL 32608  
 Address  Change  Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  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 empowered.

SIGNATURE: *Cynthia Howard-Boykin* **Cynthia Howard-Boykin, V.P.** 4-27-01 352 371-9975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)