

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90302 018 ****70.00

DOCUMENT # N33280

1. Entity Name

TRINITY CHRISTIAN METHODIST EPISCOPAL CHURCH, IN

Principal Place of Business

**2401 NORTH HOWARD AVENUE
 TAMPA FL 33607**

Mailing Address

**2401 NORTH HOWARD AVENUE
 TAMPA FL 33607**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3247857

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JOE L
 4405 PORPOISE DR.
 TAMPA FL 33617**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Anthony R. Johnson
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-01

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

TITLE ☐ Delete
 NAME **D JOHNSON, JOE L**
 STREET ADDRESS **4405 PORPOISE DR.**
 CITY-ST-ZIP **TAMPA FL 33717**

TITLE ☐ Delete
 NAME **D RICHARD, IMOGENE**
 STREET ADDRESS **8405 ASH AVE.**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
 NAME **D SAVAGE, LLOYD**
 STREET ADDRESS **1710 W. CHERRY**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME **D THOMAS, ANTHONY JR**
 STREET ADDRESS **1313 FOXBORO DR**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Anthony R. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 813-655-8082

Date Daytime Phone #

CR2E037 (10/00)