

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33280

FILED  
Feb 19, 2007  
Secretary of State

**Entity Name:** TRINITY CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

2401 NORTH HOWARD AVENUE  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2401 NORTH HOWARD AVENUE  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3247857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, JOE L  
Address: 4405 PORPOISE DR.  
City-St-Zip: TAMPA, FL 33717

Title: D ( ) Delete  
Name: RICHARD, IMOGENE  
Address: 8405 ASH AVE.  
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete  
Name: SAVAGE, LLOYD  
Address: 1710 W. CHERRY  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: ESTHER, ROSS  
Address: 1724 EAST FURN STREET  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: SARGENT, LARRY F  
Address: 6703 HARBOR VIEW WAY  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: HOPKINS, MICHAEL  
Address: 1027E. 12TH AVE.  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LORRIANNE, CARTER  
Address: 2401 HOWARD  
City-St-Zip: TAMPA, FL 33607 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY F. SARGENT

MR.

02/19/2007

Electronic Signature of Signing Officer or Director

Date