

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33280

FILED
Jan 27, 2008
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: LORRIANNE, CARTER
Address: 2401 HOWARD
City-St-Zip: TAMPA, FL 33607 US

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

Title: () Change () Addition
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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 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,

01/27/2008

Electronic Signature of Signing Officer or Director

Date