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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N41294 (2)
1. Corporation Name
TRINITY COMMUNITY CHURCH OF LEE COUNTY, INC.

Principal Place of Business

2756 MCGREGOR BLVD.
FT. MYERS FL 33901

Mailing Address

2756 MCGREGOR BLVD.
FT. MYERS FL 33901-5832



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/12/1990

3a. Date of Last Report

03/20/1996

4. FEI Number

65-0235170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

WINTERS, WILLIAM E.
16350 FAIRWAY WOODS DR
UNIT 1802
FT. MYERS FL 33908

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

TITLE P
NAME RASMOVICH, CAROLYN
STREET ADDRESS 1207 MEDINAH DRIVE
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VD
NAME HENDRY, ELIZABETH W.
STREET ADDRESS 2350 W 1ST ST., APT. 702
CITY-ST-ZIP FT. MYERS FL ☒ DELETE

TITLE STD
NAME CONNELL, JAMES
STREET ADDRESS 8351 ARBORFIELD COURT
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME WINTERS, WILLIAM E.
STREET ADDRESS 16350 FAIRWAY WOODS DRIVE
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME JANIE HOOKER
1.3 STREET ADDRESS 230. S.E. 20TH COURT
1.4 CITY-ST-ZIP CAPE CORAL, FL 33990 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES CONNELL

Date

5/6/97

Daytime Phone # 0065792

941.332.3299

CR2E037 (9/96)