

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/12/1990	
4. FEI Number 65-0235170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	28 Zip	30 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Pres. - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMOVICH, CAROLYN	1.2 NAME	
STREET ADDRESS	1207 MEDINAH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Secretary-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, JANIE	2.2 NAME	
STREET ADDRESS	230 SE 20TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELL, JAMES	3.2 NAME	USTICA, KATHRYN
STREET ADDRESS	8351 ARBORFIELD COURT	3.3 STREET ADDRESS	5381 Fairfield Avenue
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, WILLIAM E.	4.2 NAME	
STREET ADDRESS	16350 FAIRWAY WOODS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Carolyn Rasmovich* Carolyn Rasmovich 3/6/98 941-332-3299

CR2E037 (10/97)