

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90048 033 \*\*\*\*61.25

**DOCUMENT # N41294**

1. Entity Name

**TRINITY COMMUNITY CHURCH OF LEE COUNTY, INC.**

Principal Place of Business

Mailing Address

2756 MCGREGOR BLVD.  
FT. MYERS FL 33901

2756 MCGREGOR BLVD.  
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0235170**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME USTICA, KATHRYN  
STREET ADDRESS 5381 FAIRFIELD AVE  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE PD ☐ Change ☒ Addition  
NAME Hooker, Robert E.  
STREET ADDRESS 230 S.E. 20th Court  
CITY-ST-ZIP Cape Coral, FL 33990

TITLE VPD ☒ Delete  
NAME KREAGER, CARL  
STREET ADDRESS 16569 BEAR CUB COURT  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE VPD ☐ Change ☒ Addition  
NAME Auld, Heather V.  
STREET ADDRESS 1225 Osceola Drive  
CITY-ST-ZIP Fort Myers, FL 33901

TITLE STD ☐ Delete  
NAME CONNELL, JAMES  
STREET ADDRESS 13551 STRATFORD PL #205  
CITY-ST-ZIP FT. MYERS FL 33919

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CONNELL**

**4/26/02**

**(941) 481-5669**

Date

Daytime Phone #

CR2E037 (9/01)