

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N41294

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0235170

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOKER, ROBERT E	
STREET ADDRESS	230 S.E. 20TH CT.	
CITY-STATE-ZIP	CAPE CORAL FL 33990	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AULD, HEATHER V	
STREET ADDRESS	1225 OSCEOLA DR.	
CITY-STATE-ZIP	FORT MYERS FL 33901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CONNELL, JAMES	
STREET ADDRESS	13551 STRATFORD PL #205	
CITY-STATE-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTERS, WILLIAM E.	
STREET ADDRESS	16350 FAIRWAY WOODS DRIVE	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000254035
03/07/05-80057-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Connell (JAMES CONNELL) Sec. / Pres.

3/4/05

239.332.327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #