

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90124 010 *****61.25

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

1st MOORE

CR2E037 (10/05)

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 William E. Winters, Director

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 17, 2006

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOOKER, ROBERT E
STREET ADDRESS 230 S.E. 20TH CT.
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE VPD ☒ Delete
NAME AULD, HEATHER V
STREET ADDRESS 1225 OSCEOLA DR.
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS LOVELAND, David M.
CITY-ST-ZIP 3064 Sylvestre Drive
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 STD
STREET ADDRESS KREAGER, Joan C.
CITY-ST-ZIP 16569 Bear Cub Road
Fort Myers, FL 33908

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 exemptions contained in Section 119, 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: William E. Winters, Director

2/17/06 239-332-3299