


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49593</b> 1. Entity Name TRINITY UNITED METHODIST CHURCH OF PALATKA, INC.	
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Principal Place of Business 1400 HUSSON AVENUE PALATKA, FL 32177	Mailing Address 1400 HUSSON AVENUE PALATKA, FL 32177
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0949601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

REID, RACHEL  
3003 TWIGG STREET  
PALATKA, FL 32177

**DO NOT WRITE  
IN THIS SPACE**

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 renewing) DATE

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYALS, ALICE MRS. 1506 MOSELEY AVE. PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEW, CHIP 7206 STEWART ST. PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, RACHEL 3003 TWIGG ST. PALATKA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/08-80002-013 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Rachel Reid  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 2008  
Date

Daytime Phone #