

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90264 036 \*\*\*\*61.25

<b>DOCUMENT # N93000002035</b>					
<b>1. Entity Name</b> TRINITY UNITED METHODIST CHURCH OF ARCADIA FLORIDA INC.					
<b>Principal Place of Business</b> 304 WEST OAK STREET ARCADIA, FL 34266			<b>Mailing Address</b> 304 WEST OAK STREET ARCADIA, FL 34266		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		01032005    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-0718501	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LAUBHAN, SUSAN 1378 NE MANLEY RD ARCADIA, FL 34266				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete LAUGHMAN, SUSAN 1378 NE MANLEY RD ARCADIA, FL 34266		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM DAVID JONES 251 N. HERNANDO AVE ARCADIA, FL 34266	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete JOHNSON, JOHN PO BOX 482 FORT OGDEN, FL 34267		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUSAN BARNES 1295 SE AIRPORT RD ARCADIA, FL 34266	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete BARNEY, BYRON 3346 NE OCRMANN ST ARCADIA, FL 34266		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHELLEY WATERS 2735 SE DURRANCE ST. ARCADIA, FL 34266	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete WATERS, ANGELA 1760 SE PLUM DR ARCADIA, FL 34266		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BILL SOUTHWELL 310 COLUMBIA ST ARCADIA, FL 34266	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input type="checkbox"/> Delete LENZ, JOHN 4268 SW LANGFORD ST ARCADIA, FL 34266		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BEAU CARSON 2155 SE HANSEL AVE ARCADIA, FL 34266	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Delete ROE, PEGGY 4015 SE COUNTY RD 760 ARCADIA, FL 34266		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSE ARRINGTON 1524 SE TANGELO DR ARCADIA, FL 34266	
<b>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.</b>					
<b>SIGNATURE:</b>			SUSAN LAUBHAN		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date    1/24/05    Daytime Phone #    863-494-2543		