


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90063 015 ****61.25

DOCUMENT # N93000002035 1. Entity Name TRINITY UNITED METHODIST CHURCH OF ARCADIA FLORIDA INC.					
Principal Place of Business 304 WEST OAK STREET ARCADIA, FL 34266			Mailing Address 304 WEST OAK STREET ARCADIA, FL 34266		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAUBHAN, SUSAN 1378 NE MANLEY RD ARCADIA, FL 34266				Name Barney Ruth Street Address (P.O. Box Number is Not Acceptable) 3346 N.E. Oltmanns ST City Arcadia FL Zip Code 34266	
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 <i>Ruth E Barney</i> <small>Signature, typed or printed name of registered agent and the if applicable.</small>				DATE 3/2/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P LAUGHMAN, SUSAN 1378 NE MANLEY RD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ruth Barney 3346 N.E. Oltmanns ST Arcadia, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, WILLIAM D 251 N HERNANDO AVE ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNEY, BYRON 3346 NE OCRMANN ST ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose Arrington 1524 SE Tangelo Dr Arcadia FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, SUSAN 1295 SE AIRPORT RD ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LENZ, JOHN 4268 SW LANGFORD ST ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATES, SHELLY 2735 SE DURRANCE ST ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Seymour 2692 NE Hwy 70 # 436 Arcadia FL 34266	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: <i>Ruth E Barney</i> Ruth E Barney <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/1/06 Daytime Phone 863 494 2210	