

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90389 013 \*\*\*\*61.25

**DOCUMENT # N94000000806**

1. Entity Name  
TRINITY BAPTIST CHURCH OF PUNTA GORDA, INC.



Principal Place of Business  
11234 ROYAL ROAD  
PUNTA GORDA, FL 33955

Mailing Address  
11234 ROYAL ROAD  
PUNTA GORDA, FL 33955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0147009

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VICTOR, DOUG  
3614 VASCO STREET  
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

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

Filing 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

T OWENS, IRENE ☒ Delete  
7538 LIGUSTRUM  
PUNTA GORDA, FL 33955

T VICTOR, DOUG ☐ Delete  
3614 VASCO ST  
PUNTA GORDA, FL

T BAKER, JUDSON ☐ Delete  
12542 PANNIKIN AVE.  
PUNTA GORDA, FL 33955

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

STEVE THOMPSON ☐ Change ☒ Addition  
3153 EAGLE PASS ST.  
NORTH PORT, FL 34286

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUG VICTOR

TRUSTEE 4-16-06 9415751211