

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004896

1. Entity Name

TRINITY GOSPEL CHURCH, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90026 036 ****61.25

Principal Place of Business
6522 NORTH 43RD STREET
TAMPA FL 33610
US

Mailing Address
P.O. BOX 292245
TAMPA FL 33687-2245
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4610 E Hanna
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33610

Country
USA

Zip
33610

Country
USA

4. FEI Number
59-3268116

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUNN, STEPHEN A
4839 99TH AVE.
TAMPA FL 33617

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NUNN, STEPHEN A	
STREET ADDRESS	4839 99TH AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, RONALD	
STREET ADDRESS	2206 EAST CHELSEA	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, DARRELL	
STREET ADDRESS	3302 RIVERGROVE DRIVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEO	
STREET ADDRESS	4409 DOLPHIN DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDSEY, TERYL	
STREET ADDRESS	7144 EAST BANK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00