FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 22 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000522

1. Corporation Name

TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN , INC.

Principal Place of Business	Mailing Address
2551 HAVENDALE BLVD. NW WINTER HAVEN FL 33881	2551 HAVENDALE BLVD. NW WINTER HAVEN FL 33881

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/30/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1085276 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURKE, VIRGINIA 2551 HAVENDALE BLVD. NW WINTER HAVEN FL 33881	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RONALD LANGE		1.2 NAME		
STREET ADDRESS	899 LK JESSIE DR NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D/Administrative Council	☒ Change ☒ Addition
NAME	GUNTER, JUDY		2.2 NAME	Rohrbaugh, M.B.	
STREET ADDRESS	3216 AVE O NW		2.3 STREET ADDRESS	509 Ave I, SE	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VT	☒ DELETE	3.1 TITLE	T	☒ Change ☒ Addition
NAME	PERRY, RICHARD		3.2 NAME	Clark, Debbie	
STREET ADDRESS	690 OLD BERKLEY RD		3.3 STREET ADDRESS	4413 Burlington Dr	
CITY-ST-ZIP	AUBURNDALE FL 33823		3.4 CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	ST	☒ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	ROBERGE, WALTER		4.2 NAME	Castleberry, Irvin T	
STREET ADDRESS	212 N LAKE HARTRIDGE DR		4.3 STREET ADDRESS	6479 Peppertree Path	
CITY-ST-ZIP	WINTER HAVEN FL 33881		4.4 CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	C/Staff-Parish Council	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	Estrada, Barbara		5.2 NAME		
STREET ADDRESS	217 Hartridge Hills Ct		5.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Haven FL 33881		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] **SIGNATURE REQUIRED** Ronald J. Lange 1/6/99 (941) 967-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone