

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000522

1. Entity Name

TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90068 004 ****61.25

904197



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2551 HAVENDALE BLVD. NW
WINTER HAVEN FL 33881

2551 HAVENDALE BLVD. NW
WINTER HAVEN FL 33881-1876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1085276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, VIRGINIA
2551 HAVENDALE BLVD. NW
WINTER HAVEN FL 33881

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CT ☒ Delete
NAME RONALD LANGE
STREET ADDRESS 899 LK JESSIE DR NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE CT ☒ Change ☐ Addition
NAME DARYL FUTCH
STREET ADDRESS 119 KINSTLE HILL DR
CITY-ST-ZIP AUBURNDAL FL33823

TITLE DAC ☐ Delete
NAME ROHRBAUGH, M.B.
STREET ADDRESS 509 AVENUE I, S.E.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME CLARK, DEBBIE
STREET ADDRESS 4413 BURLINGTON DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE T ☒ Change ☐ Addition
NAME NIST, BEVERLY
STREET ADDRESS 71 HEWLETT DR
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE D ☒ Delete
NAME CASTLEBERRY, IRVIN T
STREET ADDRESS 6479 PEPPERTREE PATH
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☒ Change ☐ Addition
NAME MULDER, LINDA
STREET ADDRESS 1102 CAREFREE COVE DR
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE CSPC ☐ Delete
NAME ESTRADA, BARBARA
STREET ADDRESS 217 HARTRIDGE HILLS CT.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MICHAEL ROHRBAUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

Daytime Phone #

CR2E037 (9/99)