

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000000522**

1. Entity Name

**TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN**

Principal Place of Business

**2551 HAVENDALE BLVD. NW  
WINTER HAVEN FL 33881**

Mailing Address

**2551 HAVENDALE BLVD. NW  
WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1085276**

Applied For

Not Applicable

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	CT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FUTCH, DARYL	119 KINSTLE HILL DR	AUBURNDALE FL 33823						
	DAC			<input checked="" type="checkbox"/> Delete		DAC/CSPC			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ROHRBAUGH, M.B.	509 AVENUE I, S.E.	WINTER HAVEN FL 33880			CASTLEBERRY, IRVIN T.	6479 PEPPERTREE PATH	WINTER HAVEN FL 33881	
	T			<input type="checkbox"/> Delete		DAC			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NIST, BEVERLY	71 HEWLETT	AUBURNDALE FL 33823			MULDER, WALTER	1102 CAREFREE COVE DR	WINTER HAVEN FL 33881	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MULDER, LINDA	1102 CAREFREE COVE DR	WINTER HAVEN FL 33881						
	CSPC			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ESTRADA, BARBARA	217 HARTRIDGE HILLS CT.	WINTER HAVEN FL 33881						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01

863-967-7949

Date

Residing Phone #

0087640

CR2E037 (10/00)