

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 06, 2005 8:00 am
Secretary of State

06-20-2005 90004 032 ****61.25

DOCUMENT # N95000000522					
1. Entity Name TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN, INC.					
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 & State			City & 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 SHARON LAUTHER		
			Street Address (P.O. Box Number is Not Acceptable) 2551 HAVENDALE BLVD. NW		
			City WINTERHAVEN		
			FL		Zip Code 33881
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 <i>Sharon Lautner</i> Signature, typed or printed name of registered agent and fee if applicable.				DATE 6/17/05	
Filing Fee is \$61.25 Due by September 7, 2005		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					
TITLE CT NAME FUTCH, DARYL STREET ADDRESS 119 KINSTLE HILL DR CITY-ST-ZIP AUBURNDAL, FL 33823	☒ Delete				
TITLE DCC NAME MULDER, LINDA STREET ADDRESS 1502 BUCKEYE RD NE #6 CITY-ST-ZIP WINTER HAVEN, FL 33881	☒ Delete				
TITLE DCC NAME HARKINS, BETTY STREET ADDRESS 25 GARDEN WAY CITY-ST-ZIP LAKE LAND, FL 33801	☐ Delete				
TITLE CSPC NAME CASTLEBERRY, IRVIN T STREET ADDRESS 6479 PEPPERTREE PATH CITY-ST-ZIP WINTER HAVEN, FL 33881	☒ Delete				
TITLE T NAME MARLESS, CAROL STREET ADDRESS 5130 ABC RD #125 ORANGE CITY-ST-ZIP LAKE WALES, FL 33863	☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE CT NAME DALLAS HASELBY STREET ADDRESS 2420 WINTerset Rd SE CITY-ST-ZIP WINTERHAVEN, FL 33823	☐ Change ☒ Addition				
TITLE VCT NAME ROBERT HARKINS STREET ADDRESS 4019 ROLLING OAKS DRIVE CITY-ST-ZIP WINTERHAVEN, FL 33880	☐ Change ☒ Addition				
TITLE TM NAME BETTY HARKINS STREET ADDRESS 4019 ROLLING OAKS DRIVE CITY-ST-ZIP WINTERHAVEN, FL 33880	☒ Change ☐ Addition				
TITLE TM NAME DARYL FUTCH STREET ADDRESS 119 Kinstle Hill Drive CITY-ST-ZIP AUBURNDAL, FL 33823	☐ Change ☒ Addition				
TITLE TM NAME JAMES HALCOMB STREET ADDRESS 2599 TRINITY CIRCLE CITY-ST-ZIP WINTERHAVEN, FL 33881	☐ Change ☒ Addition				
TITLE TM NAME HOWARD WILBUR MANGOLD STREET ADDRESS 4119 ROLLING OAKS CITY-ST-ZIP WINTERHAVEN, FL 33881	☐ Change ☒ 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: <i>Betty Harkins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 6/17/05	
Daytime Phone #					

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