

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90032 041 \*\*\*\*61.25

<b>DOCUMENT # N95000000522</b> 1. Entity Name <b>TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN, INC.</b>					
Principal Place of Business <b>2551 HAVENDALE BLVD. NW WINTER HAVEN, FL 33881</b>			Mailing Address <b>2551 HAVENDALE BLVD. NW WINTER HAVEN, FL 33881</b>		
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 <b>59-1085276</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LAUTHER, SHARON - 2551 HAVEN BLVD., NW WINTER HAVEN, FL 33881</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HASELBY, DALLAS</b>		NAME		
STREET ADDRESS	<b>2420 WINTERSET ROAD SE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTERHAVEN, FL 33823</b>		CITY-ST-ZIP		
TITLE	VCT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARKINS, ROBERT</b>		NAME		
STREET ADDRESS	<b>4019 ROLLING OAKS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>		CITY-ST-ZIP		
TITLE	TM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARKINS, BETTY</b>		NAME		
STREET ADDRESS	<b>4019 ROLLINS OAKS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>		CITY-ST-ZIP		
TITLE	TM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FUTCH, DARYL</b>		NAME	<b>TM Doris Albair</b>	
STREET ADDRESS	<b>119 KINSTLE HILL DRIVE</b>		STREET ADDRESS	<b>120 Sunset Blvd.</b>	
CITY-ST-ZIP	<b>AUBURDALE, FL 33823</b>		CITY-ST-ZIP	<b>Polk City, FL 33868-9624</b>	
TITLE	TM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALCOMB, JAMES</b>		NAME	<b>TM Halcomb, James</b>	
STREET ADDRESS	<b>2599 TRINITY CIRCLE</b>		STREET ADDRESS	<b>4129 Rolling Oaks Drive</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>		CITY-ST-ZIP	<b>Winter Haven, FL, 33880</b>	
TITLE	TM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILBUR MANGOLD, HOWARD</b>		NAME		
STREET ADDRESS	<b>4119 ROLLING OAKS</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Doris Albair</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					