



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000522 1. Entity Name TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN, INC.	
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Principal Place of Business 2551 HAVENDALE BLVD. NW WINTER HAVEN, FL 33881	Mailing Address 2551 HAVENDALE BLVD. NW WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1085276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAUTHER, SHARON 2551 HAVEN BLVD., NW WINTER HAVEN, FL 33881	DO NOT WRITE IN THIS SPACE
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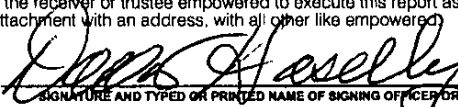
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000660133 03/19/07-80013-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CT HASELBY, DALLAS 2420 WINTERSET ROAD SE WINTERHAVEN, FL 33823	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCT HARKINS, ROBERT 4019 ROLLING OAKS DRIVE WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TM HARKINS, BETTY 4019 ROLLINS OAKS DRIVE WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TM ALBAIR, DORIS 120 SUNSET BLVD POLK CITY, FL 338689624	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TM HALCOMB, JAMES 4129 ROLLING OAKS DR WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TM WILBUR MANGOLD, HOWARD 4119 ROLLING OAKS WINTER HAVEN, FL 33881	

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.

SIGNATURE:  **1-31-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #