

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90017 037 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**LAUTHER, SHARON  
2551 HAVEN BLVD., NW  
WINTER HAVEN FL 33881**

Name **Chelle Faulkner**

Street Address (P.O. Box Number is Not Acceptable) **2551 Havendale Blvd.**

City **Winter Haven** 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

**Chelle Faulkner** **Chelle Faulkner**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/20/08**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	HASELBY, DALLAS	
STREET ADDRESS	2420 WINTerset ROAD SE	
CITY-ST-ZIP	WINTERHAVEN FL 33823	
TITLE	VCT	<input type="checkbox"/> Delete
NAME	HARKINS, ROBERT	
STREET ADDRESS	4019 ROLLING OAKS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TM	<input type="checkbox"/> Delete
NAME	HARKINS, BETTY	
STREET ADDRESS	4019 ROLLINS OAKS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TM	<input type="checkbox"/> Delete
NAME	ALBAIR, DORIS	
STREET ADDRESS	120 SUNSET BLVD	
CITY-ST-ZIP	POLK CITY FL 33868-9624	
TITLE	TM	<input checked="" type="checkbox"/> Delete
NAME	HALCOMB, JAMES	
STREET ADDRESS	4129 ROLLING OAKS DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TM	<input type="checkbox"/> Delete
NAME	WILBUR MANGOLD, HOWARD	
STREET ADDRESS	4119 ROLLING OAKS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Dallas Haselby** **Dallas Haselby**

**2-20-08**