2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N95000000522

Entity Name: TRINITY UNITED METHODIST CHURCH, OF WINTER HAVEN, INC.

Current Principal Place of Business:

2551 HAVENDALE BLVD. NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2551 HAVENDALE BLVD. NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-1085276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAULKNER, CHELLE
2551 HAVENDALE BLVD.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CT ( ) Delete
Name: HASELBY, DALLAS
Address: 2420 WINTERSET ROAD SE
City-St-Zip: WINTERHAVEN, FL 33823

Title: VCT ( ) Delete
Name: HARKINS, ROBERT
Address: 4019 ROLLING OAKS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TM ( ) Delete
Name: HARKINS, BETTY
Address: 4019 ROLLINS OAKS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TM (X) Delete
Name: ALBAIR, DORIS
Address: 120 SUNSET BLVD
City-St-Zip: POLK CITY, FL 338689624

Title: TM ( ) Delete
Name: WILBUR MANGOLD, HOWARD
Address: 4119 ROLLING OAKS
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHELLE FAULKNER MRS. 06/25/2009

Electronic Signature of Signing Officer or Director — Date