

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002843 (7)**

1. Corporation Name

TRINITY WORSHIP CENTER, INC.



Principal Place of Business 9927 ALVERNON DRIVE NEW PORT RICHEY FL 34655	Mailing Address 9927 ALVERNON DRIVE NEW PORT RICHEY FL 34655
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3. Date Incorporated or Qualified 05/15/1997	
4. FEI Number 59-3446887	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent STARRETT, JAMES R 9927 ALVERNON DRIVE NEW PORT RICHEY FL 34655	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	STARRETT, JAMES R
STREET ADDRESS	9927 ALVERNON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	D <input type="checkbox"/> DELETE
NAME	CARTER, PAUL R
STREET ADDRESS	9150 NILES DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	D <input type="checkbox"/> DELETE
NAME	HENDRICKS, RICHARD C
STREET ADDRESS	3494 RIDGE BLVD
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/D JOHN CROUCH
4.3 STREET ADDRESS	4925 SOUTH SHORE DR
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/D TENNEY OLSEN
5.3 STREET ADDRESS	2030 OTTER WAY
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D JIM SWANEY
6.3 STREET ADDRESS	3317 WATERFORD DR
6.4 CITY-ST-ZIP	CLEARWATER, FL 34621

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **TENNEY OLSEN** 2/17/98 (1012) 786-4290

CR2E037 (10/97)

• ADDITIONAL DIRECTOR:

GEOFF GUY
109 TIMBERVIEW DR
SAFETY HARBOR, FL 34695