

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90001 027 \*\*\*\*61.25

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**DOCUMENT # N97000002843**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/15/1997

4. FEI Number

59-3446887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STARRETT, JAMES R  
9927 ALVERNON DRIVE  
NEW PORT RICHEY FL 34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STARRETT, JAMES R  
STREET ADDRESS 9927 ALVERNON DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ DELETE

TITLE DT  
NAME CARTER, PAUL R  
STREET ADDRESS 9150 NILES DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ DELETE

TITLE D  
NAME HENDRICKS, RICHARD C  
STREET ADDRESS 3494 RIDGE BLVD  
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ DELETE

TITLE VD  
NAME CROUCH, JOHN  
STREET ADDRESS 4925 SOUTH SHORE DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ DELETE

TITLE SD  
NAME OLSEN, TENNEY  
STREET ADDRESS 2030 OTTER WAY  
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ DELETE

TITLE D  
NAME SWEENEY, JIM  
STREET ADDRESS 3317 WATERFORD DR  
CITY-ST-ZIP CLEARWATER FL 34621 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☒ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*TENNEY OLSEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (727) 786-6090  
Date Daytime Phone #

CR2E037 (1/98)