

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002843

1. Entity Name

TRINITY WORSHIP CENTER, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90240 044 ****61.25

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

3. Mailing Address

1248 Seven Springs Blvd

Suite, Apt. #, etc.

A

City & State

New Port Richey, FL

Zip

Country

Zip

34655

Country

FL

4. FEI Number

59-3446887

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1248 Seven Springs Blvd Suite A
 CITY-ST-ZIP New Port Richey, FL 34655

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☒ Delete
 NAME SWEENEY, JIM
 STREET ADDRESS 3317 WATERFORD DR
 CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE OF DESIRED John Crouch

9/6/00

Date

(727) 376-2189

Daytime Phone #

CR2E037 (5/00)