

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90107 020 ****61.25

DOCUMENT # N97000002843

1. Entity Name

TRINITY WORSHIP CENTER, INC.

Principal Place of Business

**9927 ALVERNON DRIVE
 NEW PORT RICHEY FL 34655**

Mailing Address

**1248 SEVEN SPRINGS BLVD
 A
 NEW PORT RICHEY FL 34655**

00017551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3446887

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

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. ADDITIONAL 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 **Director** ☐ Change ☒ Addition
 NAME **Joseph Cortese**
 STREET ADDRESS **9900 E. Gulf St**
 CITY-ST-ZIP **Seminole, FL 33776**

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
 CITY-ST-ZIP

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:

Paul B. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 2001 *727-372-3939*
 Date Daytime Phone #

CR2E037 (10/00)