

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001059

1. Entity Name

TRINITY BAPTIST CHURCH OF CAPE CORAL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90018 044 ****61.25

Principal Place of Business 1617 S.E. 12TH TERRACE CAPE CORAL FL 33990	Mailing Address 1617 S.E. 12TH TERRACE CAPE CORAL FL 33990-1823
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2328 HANCOCK BRIDGE PKWY Suite, Apt. #, etc. 101A	3. Mailing Address Suite, Apt. #, etc.
City & State CAPE CORAL, FL	City & State
Zip 33990	Country LEE

4. FEI Number 65-0820184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMBS, WILLIAM JOE
 1617 S.E. 12TH TERRACE
 CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBS, WILLIAM J 1617 S E 12TH TERRACE CAPE CORAL FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMANOW, PHIL 1015 S W 6TH COURT CAPE CORAL FL 33991 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYRRELL, FREDERICK S 1400 TORREYA CIRCLE FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SAMUELS, MARY J 8081 STILLWATER COURT #3 FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HERRIN, TERESA 18530 MATT ROAD FORT MYERS FL 33917 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MARCHBANKS, ROBERT 265 ELLIS STREET FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACQUE PRICE 20101 HUFFMASTER DRIVE FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JUDY THOMAS 10630 MARIC STREET FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FREDERICK S. TYRRELL 1400 TORREYA CIRCLE FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frederick S. Tyrrell FREDERICK S. TYRRELL, APRIL 12, 2000 (941) 731-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)