

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000001059****1. Entity Name**

TRINITY BAPTIST CHURCH OF CAPE CORAL, INC.

Principal Place of Business2328 HANCOCK BRIDGE PKWY
101A
CAPE CORAL FL
33990**Mailing Address**1617 S.E. 12TH TERRACE
CAPE CORAL FL
33990**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

2328 HANCOCK BRIDGE PARKWAY

Suite, Apt. #, etc.

101A

City & State

City & State

CAPE CORAL

FL

Zip

Country

Zip

Country

33990

4. FEI Number**65-0820184**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOMBS WILLIAM JOE
1617 S.E. 12TH TERRACECAPE CORAL FL
33990**7. Name and Address of New Registered Agent**

Name

COMBS WILLIAM JOE

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

#3

City
CAPE CORAL

FL

Zip Code
33914**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 reinstalling)

04/29/2001

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	TR	<input type="checkbox"/> Delete
NAME	TYRRELL FREDERICK S	
STREET ADDRESS	1400 TORREYA CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HERRIN TERESA	
STREET ADDRESS	18530 MATT ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	TR	<input type="checkbox"/> Delete
NAME	THOMAS JUDY	
STREET ADDRESS	10630 MARIC ST	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRICE JACQUE	
STREET ADDRESS	20101 HUFFMASTER DR.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROMANOW PHIL	
STREET ADDRESS	1015 S W 6TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	P	<input type="checkbox"/> Delete
NAME	COMBS WILLIAM J	
STREET ADDRESS	1617 S E 12TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO ROGER	
STREET ADDRESS	4346 TUFTS AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANOW LESLIE A	
STREET ADDRESS	1015 SW 6 COURT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANOW PHIL E	
STREET ADDRESS	1015 SW 6 COURT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS WILLIAM J	
STREET ADDRESS	823 GLEASON PARKWAY #3	
CITY-ST-ZIP	CAPE CORAL FL 33914	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Leslie Ann Romanow

TR

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)