

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90088 004 ****61.25

DOCUMENT # N99000001074



1. Entity Name
TRINITY CHRISTIAN SCHOOL, INC.

Principal Place of Business
**1597 MICHIGAN BLVD
DUNEDIN FL 34698**

Mailing Address
**1597 MICHIGAN BLVD
DUNEDIN FL 34698**

2. Principal Place of Business
above

3. Mailing Address
same

City & State

City & State

4. FEI Number **59-3557172**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOHNER, BONNIE J.
1597 MICHIGAN BLVD
DUNEDIN FL 34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	BAKKE, SUSAN T	
STREET ADDRESS	1597 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOHNER, BONNIE J PHD	
STREET ADDRESS	1597 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	M	<input type="checkbox"/> Delete
NAME	GORDON, KELLI T	
STREET ADDRESS	1597 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	M	<input type="checkbox"/> Delete
NAME	GUJU, MICHAEL	
STREET ADDRESS	1597 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACOBS, PAUL D	
STREET ADDRESS	1597 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	MT	<input type="checkbox"/> Delete
NAME	BENJAMIN, JOHN	
STREET ADDRESS	1597 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **BONNIE J. DOHNER**

(727) 733-4665 2/3/03

CR2E037 (10/02)