

**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**

Suite, Apt. #, etc.

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**

**6. Name and Address of Current Registered Agent**

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

**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. 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 Trust Fund Contribution.  **\$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	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKKE, SUSAN T</b>	NAME	
STREET ADDRESS	<b>1597 MICHIGAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOHNER, BONNIE J PHD</b>	NAME	
STREET ADDRESS	<b>1597 MICHIGAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, KELLI T</b>	NAME	
STREET ADDRESS	<b>1597 MICHIGAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUJU, MICHAEL</b>	NAME	
STREET ADDRESS	<b>1597 MICHIGAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, PAUL D</b>	NAME	
STREET ADDRESS	<b>1597 MICHIGAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>MT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENJAMIN, JOHN</b>	NAME	
STREET ADDRESS	<b>1597 MICHIGAN BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	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** *[Signature]*

(727) 733-4665 2/3/03

CR2E037 (10/02)