

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 036 ****61.25

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DOCUMENT # N99000001835					
1. Entity Name TRINITY UNITED METHODIST CHURCH, DELAND, FLORIDA, INC.					
Principal Place of Business 306 W. WISCONSIN AVE. DELAND, FL 32720			Mailing Address 306 W. WISCONSIN AVE. DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1496877	
				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 CORBIN, IVAN G REV 306 W WISCONSIN AVE DELAND, FL 32720			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 <u>Rev. Ivan G. Corbin</u> 1-5-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDER, CAROLYN		NAME	Beatty, Donna	
STREET ADDRESS	444 BLACK IRONWOOD DR		STREET ADDRESS	2124 Glenwood Hammock Road	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32720	
TITLE	FRIERSON, GERALD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	429 N CLARA AVE		NAME		
STREET ADDRESS	DELAND, FL 32720		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLINSON, ROBERT		NAME	Hartman, Bill	
STREET ADDRESS	1715 TWIN OAKS DR		STREET ADDRESS	1225 Greenland Hammock	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, FL 32720	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, JON		NAME	Gibbons, Dave	
STREET ADDRESS	1237 CARDINAL LN		STREET ADDRESS	1504 W. Silver Hammock	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, FL 32720	
TITLE	X	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLOGG, ROBERT		NAME		
STREET ADDRESS	1220 WESLOOK DR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, MITCH		NAME	Meyer, Charles	
STREET ADDRESS	2231 RIVER RIDGE ROAD		STREET ADDRESS	325 W. Pennsylvania Ave.	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, FL 32720	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Donald E. Frieron Jr.</u> 356- 1-4-06 774-4724 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					