# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# N99000001835

**Entity Name:** TRINITY UNITED METHODIST CHURCH, DELAND, FLORIDA, INC.

**Current Principal Place of Business:**

306 W. WISCONSIN AVE.
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

306 W. WISCONSIN AVE.
DELAND, FL 32720

**New Mailing Address:**

**FEI Number: 59-1496877** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAMPBELL, JOHN R REV
306 W WISCONSIN AVE
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: NEWBERRY, MIKE
Address: 1508 GINGER SNAP TR.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: FRIERSON, GERALD
Address: 429 N. CIARA AVE.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: HARTMAN, BILL
Address: 1225 GREENLAND HAMMOCK
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: ROBBINS, JON
Address: PO BOX 2114
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: NEWBERRY, MIKE
Address: 1508 GINGER SNAP TR.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: HENCINSKI, ED
Address: 134 LEON AVE.
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: FRIERSON, GERALD
Address: 429 N. CIARA AVE.
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KELLOGG, BOB
Address: 1220 WESTOAK DR.
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE NEWBERRY PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date