

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720009

Entity Name: TRINITY UNITED METHODIST CHURCH OF CHARLOTTE HARBOR, INC.

Current Principal Place of Business:

23084 SENECA AVE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

P.O. BOX 495895
PORT CHARLOTTE, FL 33949-5895

FEI Number: 59-6515026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOTEN, SHARI
23084 SENECA AVE
PORT CHARLOTTE, FL 33980 US

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: SHARI WOOTEN

04/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, TRUSTEE
Name KNIGHT, CHRIS
Address 22474 WALTON AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title FS
Name CARTER, JACKIE
Address 539 LOWELL AVENUE NW
City-State-Zip: PORT CHARLOTTE FL 33952

Title CHAIRMAN, FINANCE
Name KNIGHT, LETTY
Address 22474 WALTON AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title CHAIRMAN, ADMINISTRATIVE COUNCIL
Name WOOTEN, TOM
Address 1017 COMSTOCK STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title CHAIRMAN, PASTOR PARISH RELATIONS
Name CARTER, SAM
Address 539 LOWELL AVE NW
City-State-Zip: PORT CHARLOTTE FL 33952

Title OFFICE ADMINISTRATOR
Name WOOTEN, SHARI
Address 1017 COMSTOCK ST
City-State-Zip: PORT CHARLOTTE FL 33952

I hereby 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 all other like empowered.

SIGNATURE: SHARI WOOTEN

OFFICE ADMINISTRATOR 04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date