

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10997

Entity Name: TRINITY METROPOLITAN COMMUNITY CHURCH OF GAINESVILLE, INC.**Current Principal Place of Business:**11604 SW ARCHER ROAD
GAINESVILLE, FL 32608**Current Mailing Address:**P O BOX 140535
GAINESVILLE, FL 32614**FEI Number: 59-2639251****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MERRITT, JAMES E. DR.
11604 SW ARCHER RD.
GAINESVILLE, FL 32608 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: JAMES E MERRITT****01/10/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MERRITT, JAMES E DR.
Address	866 NOTTINGHAM ST.
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	PETERSEN, BARBARA
Address	2105 W. TALL OAKS DR
City-State-Zip:	BEVERLY HILLS FL 34465

Title	TREASURER
Name	LUCAS, KATHLEEN
Address	3235 NW 46TH PL
City-State-Zip:	GAINESVILLE FL 32605

Title	VD
Name	CAVETT , MICHAEL
Address	220 NW 14TH AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	RIOS, ESTRELLA
Address	2821 NE 17TH TERRACE
City-State-Zip:	GAINESVILLE FL 32609

Title	CLERK
Name	RODRIGUEZ, ISMAEL
Address	3301 SW 13TH ST APT. P-236
City-State-Zip:	GAINESVILLE FL 32608

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: REV. DR. JAMES MERRITT**PASTOR****01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date