

2016 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:**LUCAS, KATHLEEN E.
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:** KATHLEEN E. LUCAS**03/26/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CLERK
Name	SMITH , MICHELLE
Address	P O BOX 140535
City-State-Zip:	GAINESVILLE FL 32614

Title	VICE MODERATOR
Name	PETERSEN, BARBARA
Address	P O BOX 140535
City-State-Zip:	GAINESVILLE FL 32614

Title	TREASURER
Name	LUCAS, KATHLEEN
Address	P O BOX 140535
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	MILLER, ALBERT
Address	P O BOX 140535
City-State-Zip:	GAINESVILLE FL 32614

Title	PASTOR/MODERATOR
Name	DEARLOVE, CATHERINE
Address	P O BOX 140535
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	WHITE, JUANITA ELIZABETH
Address	P O BOX 140535
City-State-Zip:	GAINESVILLE FL 32614

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: KATHLEEN LUCAS**TREASURER****03/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date