

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27751

**Entity Name:** CHURCH OF THE TRINITY, METROPOLITAN COMMUNITY CHURCH, INC.

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC8650775972**

**Current Principal Place of Business:**

7225 N LOCKWOOD RIDGE RD  
SARASOTA, FL 34243

**Current Mailing Address:**

7225 N LOCKWOOD RIDGE RD  
SARASOTA, FL 34243

**FEI Number: 65-0612811**

**Certificate of Status Desired: No**

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

TIGARD, CHARLES  
7225 N. LOCKWOOD RIDGE RD.  
SARASOTA, FL 34243 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TIGARD, CHARLES  
Address 7225 N. LOCKWOOD RIDGE RD  
City-State-Zip: SARASOTA FL 34243

Title D  
Name LYONS, CHERI  
Address 7225 N LOCKWOOD RIDGE RD  
City-State-Zip: SARASOTA FL 34243

Title V  
Name FERRELL, JIM  
Address 7225 N LOCKWOOD RIDGE RD  
City-State-Zip: SARASOTA FL 34243

Title D  
Name BERGER, DOUG  
Address 7225 N. LOCKWOOD RIDGE RD  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR OF ADMINISTRATION  
Name KASPAR, GREGORY F  
Address 7225 N LOCKWOOD RIDGE RD  
City-State-Zip: SARASOTA FL 34243

*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: GREGORY F KASPAR**

**DIRECTOR OF  
ADMINISTRATION**

**02/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date