2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED. Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # 756082** t. Entity Name TRINITY BAPTIST CHURCH OF MANATEE COUNTY, FLORIDA, INC. Principal Piace of Business Mailing Address FLORIDA, INC. 5116 26TH STREET W. FLORIDA, INC. 5116 26TH STREET W **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sure, Apr. #, etc Suite, Apt. #, src. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2077857 Not Applicable Zin Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARVIS, RONALD H Street Address (P.O. Box Number is Not Acceptable) 5211 24TH AVE E PALMETTO FL 34221 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered age:4, or both, in the State of Fiorica. Larn familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typodior armed run e of registered agerit annit (e. Lanptoable (NOTE: Begistered Agent prince of the Property Weet or astrong) CATE partification of the feature of FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. 1100000881003 □ Change T:TLF Delate TITLE SWANSON, DANIEL A 04/23/08-20008-016 81.25 NAME NAME 2115 9TH AVE WEST UNIT 5B STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CiTY - ST- ZIP CITY-ST-7/P TITLE ☐ Delote TITLE Change Addition JARVIS, RONALD H. NAME NAME 5211 24TH AVE., EAST STREET ADDRESS STREET ADDRESS PALMETTO FL DITY-ST-ZIP CHTY ST-ZIP TITLE Delete TITLE Change Addition MCCARTHY, KEVIN NAME HAME 2608 22ND ST. W STREET ADDRESS STREET ADDRESS BRADENTON FL 34205 CHY-ST-ZIP CITY-ST-7:P 7311.0 Delete HTLE ☐ Change Addition NAL/E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET APOPESS CITY-ST-ZiP CITY-ST-ZP Addition ☐ Delete ItTLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outri, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZP

SIGNATURE:

CITY-SI-ZIP

1/8 Juni

Ronald H. Jarvis 4-7-08

(941)751-9555