FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # **763626** **(9)**

1. Corporation Name
HOLY TRINITY CHURCH OF BARTOW, INC.

Principal Place of Business	Mailing Address
500 WEST STUART ST. P.O. BOX 197 BARTOW FL 33830	500 WEST STUART ST. P.O. BOX 197 BARTOW FL 33830

3. Date Incorporated or Qualified: **06/09/1982**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-2388629** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ANDERSON, ROBERT M.
1015 S. FLORAL AVE
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: R. M. Anderson Jr. 4/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☑ Addition
NAME	FRISBIE IV, S. L.	12 NAME	PEARSON, LYLE	
STREET ADDRESS	1840 MARGARET	13 STREET ADDRESS	4750 Transport Rd	
CITY-ST-ZIP	BARTOW FL	14 CITY-ST-ZIP	Bartow Fl	
TITLE	D	21 TITLE	D	☐ Change ☑ Addition
NAME	IRVIN, RITA	22 NAME	CLEMENTS, JAMES	
STREET ADDRESS	P.O. BOX 2926	23 STREET ADDRESS	2965 Peace River Rd Pl	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	Bartow Fl	
TITLE	D	31 TITLE	D	☐ Change ☑ Addition
NAME	WHITE, FRANK	32 NAME	EILERTSEN, MARTHA ELLEN	
STREET ADDRESS	2504 CLUBHOUSE RD	33 STREET ADDRESS	810 DeLaBosque	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Bartow Fl	
TITLE	D	41 TITLE	D	☐ Change ☑ Addition
NAME	LEWIS, CLIFF	42 NAME	MILLER, DEKE	
STREET ADDRESS	1155 E. GEORGIA	43 STREET ADDRESS	815 South Orange Avenue	
CITY-ST-ZIP	BARTOW FL	44 CITY-ST-ZIP	Bartow Fl	
TITLE	D	51 TITLE	D	☐ Change ☑ Addition
NAME	LEWIS, ALISON	52 NAME	CLEMENTS, SARA	
STREET ADDRESS	5924 CREWS LAKE RD	53 STREET ADDRESS	930 South Oak Avenue	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Bartow Fl	
TITLE	D	61 TITLE	D	☐ Change ☑ Addition
NAME	STRICKLAND, BILL	62 NAME	WIGGINS, HOPE	
STREET ADDRESS	385 LYLE PKWY	63 STREET ADDRESS	635 Valencia Court	
CITY-ST-ZIP	BARTOW FL	64 CITY-ST-ZIP	Bartow Fl	

JP 5-1-15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. M. Anderson Jr. Treasurer 5/8/95 (retyped from 03/23-4/03)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (retyped 4/10/01) (Daytime Phone #)

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