FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: RADCLIFF, CECIL D.
82 Street Address (P.O. Box Number is Not Acceptable): 1015 SOUTH FLORAL AVENUE
83
84 City: BARTOW FL 85 Zip Code: 33830

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Cecil D. Radcliff III CECIL D. RADCLIFF, III/RECTOR DATE 04/03/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	T ☐ Change ☒ Addition
NAME	PEARSON, LYLE	1.2 NAME	FRISBIE, S. L. IV
STREET ADDRESS	4750 TRANSPORT RD.	1.3 STREET ADDRESS	1840 MARGARET AVENUE
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	BARTOW FL 33830
TITLE	D ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	CLEMENTS, JAMES	2.2 NAME	FRANK WHITE
STREET ADDRESS	2965 PEACE RIVER RD. PLACE	2.3 STREET ADDRESS	2504 CLUBHOUSE RD
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	MILLER, DEKE	3.2 NAME	ROBERT HERNANDEZ
STREET ADDRESS	815 S. ORANGE AVE.	3.3 STREET ADDRESS	2055 SOUTH FLORAL AVE #111
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	~~BARTOW FL 33830~~
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CLEMENTS, SARA	4.2 NAME	
STREET ADDRESS	930 SOUTH OAK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, HOPE	5.2 NAME	
STREET ADDRESS	635 VALENCIA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	500001778045 ☐ Change ☐ Addition
NAME	STRICKLAND, BILL	6.2 NAME	-04/12/96--01021--021
STREET ADDRESS	385 LYLE PKWY	6.3 STREET ADDRESS	***65.00
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	

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)(k), 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: James T. Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-29-96 Daytime Phone #: 941-533-3581

CR2E037 (12/95)