## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT . **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WHITE, FRANK

2504 CLUBHOUSE RD

LAKELAND FL 33813

HERNANDEZ, ROBERT

2055 SOUTH FLORAL AVE #111

(9)

HOLY TRINITY CHURCH OF BARTOW, INC.

Principal Plac	e 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 33830-6200					2 Data legarings and a Out!"	100 h	10 of 1 5	
							3. Date Incorporated or Qualified			96	
	2. Principal Place of Business			2a. Mailing Address				4. FEI Number 59-2388629			oplied For
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					Not Applica			ot Applicable
22			27					5. Certificate of Status Desired			Additional equired
City & State	ө	City & State					6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution Added to Fees			
Zip	<del></del>	ountry	Zip		Count	У		8. This corporation has liability for i			. 199.032,
24	25 9. Name and Address of Curren			29 30 30 Registered Agent			Florida Statutes Yes X No  10. Name and Address of New Registered Agent				
	y, ttutto uttu i	taurous or ourrent	nogiotoroo n	, v, ii	8	l Ni	ame	10. Halle Blid Addiess of New Ne	distolog v	Aeur	
#ADC! II	EE CECII D										
RADCLIFF, CECIL D 1015 S. FLORAL AVE					8:	2 St	reet Addre	ss (P.O. Box Number is Not Acceptab	le)		
	V FL 33830			8:	3						
•					8	1 Ci	iby			85 Zip	Code
					1		•		FL	'   '	
11. Pursuant office or r	to the provisions o registered agent, o	f Sections 617.0502 r both, in the State o	and 617.1508, I Florida, Such	Florida Statut change was	es, the aboratherized b	ve-na	med corpo	ration submits this statement for the p	urpose of	changing it	s registered
agent. I a	m familiar with, an	d accept the obligati	ons of, Section	617.0503, FI	orida Statute	35.		n's board of directors. I hereby accep	t trio appo	manom as	rogistorou
SIGNATURE	Signature typed or prints	d name of registered agent	and title if emplicable	, ANOT	F Registered A	nont eig	ocaluse see Lees	when reinstating)	DATE	<del>.</del>	
12.		OFFICERS AND				genn org	manore required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Ť			DELETE	1.1 TITLE		D1		<b>P</b>	Change	Addition
NAME	FRISBIE, S L				1.2 NAME		1 4			- E	
STREET ADDRESS		ret avenue	1.3 \$7			T AODF	RESS				
CITY-ST-ZIP	BARTOW FL	33803			1.4 CITY-	\$1-ZIP					
TITLE	D			DELETE	2.1 TITLE					Change	Addition
NAME	CLEMENTS,				2.2 NAME						!
STREET ADDRESS		RIVER RD. PLACE			2.3 STREE	T ADDF	RESS				1
CITY-ST-ZIP	BARTOW FL				2.4 CITY	- ST - ZII	Ρ				
TITLE	D	_		DELETE	3.1 TITLE					Change	Addition
NAME	MILLER, DEK				3.2 NAME						ŀ
STREET ADDRESS	815 S. ORAN	GE AVE.			3.3 STREE						}
CITY-ST-ZIP	BARTOW FL			DELETE	3.4. CITY	-ST-ZII	Р				
TITLE	D			DELETE	4.1 TITLE					Change	TNodmby/
NAME	CLEMENTS,				4. 2 NAM					0	Section 1
STREET ADDRESS	930 SOUTH (	JAK AVE.			4.3 STREE					1	70. V
CITY-ST-ZIP	BARTOW FL			LOCIETE	4.4 CITY-	ST-ZIP	·				9
TITLE	D			DELETE	5.1 TITLE					Change	Addition

FILED Jun 20 1997 8:00am Secretary of State



Addition

Change

500002219765 -06/23/97--01087--021

BARTOW FL 33830 CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing 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 an attachment with an address.

5.2 NAME

6.1 TITLE

5.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP