

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90018 017 ****61.25

DOCUMENT # 763626	
1. Entity Name HOLY TRINITY CHURCH OF BARTOW, INC.	

Principal Place of Business 500 WEST STUART ST. BARTOW, FL 33830-6200	Mailing Address P.O. BOX 197 BARTOW, FL 33831
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02182008 Chg-NP	CR2E037 (12/06)
4. FEI Number 59-2388629	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WILSON JR, DONALD H 245 SOUTH CENTRAL AVE BARTOW, FL 33830	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRISBIE, S L IV	NAME	
STREET ADDRESS	1840 MARGARET AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, WALLACE DR	NAME	
STREET ADDRESS	1015 S FLORAL AVE	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	FLORES, ISIDRO	NAME	Clements, Dennis
STREET ADDRESS	1180 HILL COURT WEST	STREET ADDRESS	P.O. Box 76
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	Homeland, FL 33847
TITLE	JRW ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	MACBLANE, LARRY	NAME	Allen, Gary
STREET ADDRESS	2055 S. FLORAL AVE., #51	STREET ADDRESS	1295 E. Hibiscus Dr.
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	Bartow, FL 33830
TITLE	SEC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RANSBOTTOM, CINDY L	NAME	
STREET ADDRESS	2055 S. FLORAL AVE., #198	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy L Ransbottom, Cindy L. Ransbottom 02/19/2008 863-533-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #