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 # **N09600** **(0)**

1. Corporation Name
TRINITY PENTECOSTAL CHURCH OF AMERICA, INC.

Principal Place of Business	Mailing Address
%REV. ADRIAN LAWSON 2602 CORRINNE STREET TAMPA FL 33605	%REV. ADRIAN LAWSON 2602 CORRINNE STREET TAMPA FL 33605

3. Date Incorporated or Qualified: 06/04/1985
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-2531341 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2602 CORRINNE, ST.	26 2602 CORRINNE, ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL.	City & State 28 TAMPA, FL.
Zip 24 33605 Country 25 HILLSBOROUGH	Zip 29 33605 Country 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

LAWSON, ADRIAN
2430 STUART ST.
TAMPA FL 33605

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAWSON, ADRIAN		1.2 NAME	
STREET ADDRESS	2430 STUART ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWNING, RICHARD		2.2 NAME	
STREET ADDRESS	2430 STUART ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RICE, GARY		3.2 NAME	
STREET ADDRESS	7013 GLENVIEW DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Rev. Adrian Lawson ADRIAN LAWSON 1-22-1996 813-247-5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #