2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N09600

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

Principal Place of Business	Mailing Address
2602 CORRINNE ST 2602 CORRINNE STREET TAMPA, FL 33605 US	2602 CORRINNE ST 2602 CORRINNE STREET TAMPA, FL 33605 US

DO NOT WRITE IN THIS SPACE

01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2531341
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, ADRIAN
2430 STUART ST.
TAMPA, FL 33605

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BROWIVING, FLORA
STREET ADDRESS	2430 STUART ST.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	VPD
NAME	RICE, GARY
STREET ADDRESS	7013 GLENVIEW DR.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	SD
NAME	CLAUDE, DENNIS D
STREET ADDRESS	P.O. BOX 3271
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80054-021 61.25

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12. I 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 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: Adrian Lawson ADRIAN LAWSON 1-12-04 813-247-4209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #