

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # 703325 (1)
1. Corporation Name
TRINITY BAPTIST CHURCH OF APOPKA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1022 SOUTH ORANGE BLOSSOM TRAIL 1022 SOUTH ORANGE BLOSSOM TRAIL
APOPKA FL 32703 APOPKA FL 32703

3. Date Incorporated or Qualified 12/14/1961	3a. Date of Last Report 02/15/1994
4. FEI Number 59-1560421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent GOFF, NORTON A 720 S CHRISTINA AVE APOPKA FL 32703		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, NORTON A	1.2 NAME	
STREET ADDRESS	720 S CHRISTIANA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, TOM	2.2 NAME	
STREET ADDRESS	2003 KILMER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, AMOS	3.2 NAME	
STREET ADDRESS	218 S LAKE CORTEZ DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTING, PAUL	4.2 NAME	
STREET ADDRESS	2183 BENT OAK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, LE ROY	5.2 NAME	
STREET ADDRESS	1302 LAVANHAM CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norton A Goff 2/15/95 407-886-2966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR