

~~FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00~~

CORPORATION
ANNUAL REPORT

1995 1996



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

05 JAN -5 PM 4:15

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703325

1. Corporation Name

TRINITY BAPTIST CHURCH OF APOPKA, INC.

Principal Place of Business

Mailing Address

1022 South Orange Blossom Trail Apopka, FL 32703
1022 South Orange Blossom Trail Apopka, FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1961

3a. Date of Last Report
2/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1560421

Applied For

Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lamun, Robert E.
311 Valley Drive
Longwood, FL 32779

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

14. 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

Robert E. Lamun 12-18-95

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LAMUN, ROBERT E.
STREET ADDRESS	311 VALLEY DRIVE
CITY, ST, ZIP	LONGWOOD, FL 32779
TITLE	S
NAME	PEACOCK, TOM
STREET ADDRESS	2003 KILMER LANE
CITY, ST, ZIP	APOPKA, FL 32703
TITLE	D
NAME	BEALE, LE ROY
STREET ADDRESS	1302 LAVANHAM CT.
CITY, ST, ZIP	APOPKA, FL 32712
TITLE	D
NAME	BUNTING, PAUL
STREET ADDRESS	2011 LAKE ALDEN DR.
CITY, ST, ZIP	APOPKA, FL 32712
TITLE	D
NAME	LAYTON, DONALD F.
STREET ADDRESS	125 LUDLOW DRIVE
CITY, ST, ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Robert E. Lamun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-95

DATE

DAYTIME PHONE #