

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 # 703325 (1)

1. Corporation Name

TRINITY BAPTIST CHURCH OF APOPKA, INC.



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

3. Date Incorporated or Qualified: 12/14/1961
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1560421
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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: Robert E Lamun
82 Street Address (P.O. Box Number is Not Acceptable): 311 Valley Drive
83
84 City: Longwood FL 85 Zip Code: 32779

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GOFF, NORTON A
STREET ADDRESS	720 S CHRISTIANA AVE
CITY-ST-ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PEACOCK, TOM
STREET ADDRESS	2003 KILMER LANE
CITY-ST-ZIP	APOPKA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DRUMMOND, AMOS
STREET ADDRESS	218 S LAKE CORTEZ DR
CITY-ST-ZIP	APOPKA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BUNTING, PAUL
STREET ADDRESS	2183 BENT OAK DR
CITY-ST-ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BEALE, LE ROY
STREET ADDRESS	1302 LAVANHAM CT
CITY-ST-ZIP	APOPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert E Lamun
1.3 STREET ADDRESS	311 Valley Drive
1.4 CITY-ST-ZIP	Longwood, FL 32779
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tom Peacock
2.3 STREET ADDRESS	2003 Kilmer Lane
2.4 CITY-ST-ZIP	Apopka, FL 32703
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donald F Layton
3.3 STREET ADDRESS	125 Ludlow Drive
3.4 CITY-ST-ZIP	Longwood, FL 32779
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	

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: Robert E. Lamun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)