

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
1022 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703  
1022 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703-6563

3. Date Incorporated or Qualified 12/14/1961  
3a. Date of Last Report 01/03/1996

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For  |
| 21                             | 26                  | 59-1560421  | Not Applicable   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| City & State                   | City & State        | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23                             | 28                  |   |  |
| Zip                            | Country             | 29  | 30   |
| 24                             | 25                  |   |  |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent          | 10. Name and Address of New Registered Agent          |
| ROBERT E. LAMUN<br>311 VALLEY DRIVE<br>LONGWOOD FL 32779 | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBERT E. LAMUN                   | 1.2 NAME  |   |
| STREET ADDRESS             | 311 VALLEY DRIVE                  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LONGWOOD FL                       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | S <input type="checkbox"/> DELETE | 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 32703                   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DONALD F LAYTON                   | 3.2 NAME  |   |
| STREET ADDRESS             | 125 LUDLOW DRIVE                  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LONGWOOD FL                       | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BUNTING, PAUL                     | 4.2 NAME  |   |
| STREET ADDRESS             | 2011 LAKE ALDEN DR.               | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | APOPKA FL 32712                   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 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 32712                   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Robert E. Lamun* 2/17/97 407-886-2966

CR2E037 (9/96)