

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/14/1961	
4. FEI Number 59-1560421	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ROBERT E. LAMUN
311 VALLEY DRIVE
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name **Le Roy Beale**
82 Street Address (P.O. Box Number Is Not Acceptable) **1302 Lavanham Ct**
83
84 City **Apopka** FL 85 Zip Code **32712**

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: *Le Roy Beale* DATE: **4/2/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT E. LAMUN	1.2 NAME	Ed Bucker
STREET ADDRESS	311 VALLEY DRIVE	1.3 STREET ADDRESS	2381 Cayman Cr.
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Zellwood, FL 32798
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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, LE ROY	5.2 NAME	Beale, Le Roy
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Le Roy Beale* DATE: **4/2/98**

CR2E037 (10/97)