

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90091 001 ****61.25

0021676

DOCUMENT # 703325

1. Entity 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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UUU19144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1560421	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BEALE, LE ROY 1302 LAVANHAM CT APOPKA FL 32712			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKER, ED		NAME		
STREET ADDRESS	2381 CAYMAN CIR		STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHIDDEN, JOHN		NAME		
STREET ADDRESS	3465 GREEN BLUFF RD.		STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONALD F LAYTON		NAME		
STREET ADDRESS	125 LUDLOW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNTING, PAUL		NAME		
STREET ADDRESS	1728 COUNTRY TERR LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEALE, LE ROY		NAME		
STREET ADDRESS	1302 LAVANHAM CT		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Le Roy Beale* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)