

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90033 032 ****70.00

DOCUMENT # 703325

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1560421

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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** Delete
 NAME **BUCKER, ED**
 STREET ADDRESS **2381 CAYMAN CIR**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE **D** Change Addition
 NAME **John Cozart**
 STREET ADDRESS **954 Lakeside Dr**
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE **D** Delete
 NAME **WHIDDEN, JOHN**
 STREET ADDRESS **3485 GREEN BLUFF RD.**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DONALD F LAYTON**
 STREET ADDRESS **125 LUDLOW DRIVE**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BUNTING, PAUL**
 STREET ADDRESS **1728 COUNTRY TERR LANE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **BEALE, LE ROY**
 STREET ADDRESS **1302 LAVANHAM CT**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: Signature of Beale **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-20-02**

Daytime Phone #

CR2E037 (9/01)