

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90084 035 \*\*\*\*61.25

**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**

**30031766**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1560421**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D WHIDDEN, JOHN**  
STREET ADDRESS **3465 GREEN BLUFF RD.**  
CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **P 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 **D COZART, JOHN**  
STREET ADDRESS **954 LAKESIDE DR**  
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 fees empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

3-12-03

407-886-2966

CR2E037 (10/02)