## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 705839** 

FILED Jul 22, 2009 Secretary of State

Entity Name: TRINITY ASSEMBLY OF GOD INCORPORATED OF TALLAHASSEE

Current Principal Place of Business: New Principal Place of Business:

4852 MAHAN DRIVE TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

4852 MAHAN DRIVE TALLAHASSEE, FL 32308

FEI Number: 59-1713701 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALKER, KENNY WALKER, KENNETH
4852 MAHAN DRIVE 4852 MAHAN DRIVE

TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

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: KENNETH WALKER 07/22/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: WALKER, KENNY Name: WALKER, KENNETH
Address: 7892 BRIARCREEK ROAD, WEST
Address: 7892 BRIARCREEK ROAD, WEST

Address: 7892 BRIARCREEK ROAD, WEST
City-St-Zip: TALLAHASSEE, FL 32312
Address: 7892 BRIARCREEK ROAD, WEST
City-St-Zip: TALLAHASSEE, FL 32312
TALLAHASSEE, FL 32312

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 BOWLER, BRÜCE
 Name:
 BOWLER, BRÜCE J

 Address:
 8227 AUSTIN LANE
 Address:
 8227 AUSTIN LANE

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Intie:
 D
 ( ) Delete
 Intie:

 Name:
 MORTON, MIKE
 Name:

 Address:
 2125 FAULK DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE J BOWLER DT 07/22/2009