

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 715955

1. Entity Name
TRINITY BAPTIST CHURCH OF SILVER LAKE DRIVE,
INC.



Principal Place of Business
5021 SILVER LAKE DRIVE
PALATKA, FL 32177

Mailing Address
5021 SILVER LAKE DRIVE
PALATKA, FL 32177



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6543631

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

JOHNSON, MARVIN
318 HEIDT ROAD
PALATKA, FL 32177

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
01/19/05-80006-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JOHNSON, MARVIN
STREET ADDRESS	318 HEIDT ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	TD
NAME	BELLAMY, JAMES E
STREET ADDRESS	218 ST WELL AVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	TD
NAME	WILLIAMS, JEFFREY A
STREET ADDRESS	110 STOCK AVE
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	D
NAME	CANNON, MELBA
STREET ADDRESS	1349 SOUTH STATE ROAD 19
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2005 386-325-8600
Date Daytime Phone #