


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 715955 1. Entity Name TRINITY BAPTIST CHURCH OF SILVER LAKE DRIVE, INC.	
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Principal Place of Business 5021 SILVER LAKE DRIVE PALATKA, FL 32177	Mailing Address 5021 SILVER LAKE DRIVE PALATKA, FL 32177
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6543631	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

U00000389398
01/23/06-80007-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/6/2006 386328-6853
Date Daytime Phone #