

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715955

FILED  
Mar 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5021 SILVER LAKE DRIVE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

5021 SILVER LAKE DRIVE  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-6543631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, MARVIN  
318 HEIDT ROAD  
PALATKA, FL 32177 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COBURN, CHARLES M  
Address: 5021 SILVER LAKE DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: JOHNSON, MARVIN  
Address: 318 HEIDT ROAD  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: WILLIAMS, JEFFREY A  
Address: 110 STOCK AVE  
City-St-Zip: INTERLACHEN, FL 32148

Title: TD ( ) Delete  
Name: CANNON, MELBA H  
Address: 1349 SOUTH STATE ROAD 19  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WILLIAMS, JEFFREY A  
Address: 113 TALL TIMBERS TRAIL  
City-St-Zip: PALATKA, FL 32177

Title: TD (X) Change ( ) Addition  
Name: WEAVER, DEBORAH E  
Address: 207 SANTA CRUZ STREET  
City-St-Zip: EAST PALATKA, FL 32131

Title: VP ( ) Change (X) Addition  
Name: MCNAUGHT, WILLIAM  
Address: 110 PENIEL STORE ROAD  
City-St-Zip: PALATKA, FL 32177

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: CHARLES COBURN

PD

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date