### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# **DOCUMENT # 721264**

## THE TRINITY BAPTIST CHURCH OF JACKSONVILLE, INC.

i intolpai i lace di Dusinoss
800 HAMMOND BLVD.
JACKSONVILLE FL 32221-1342

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

800 HAMMOND BLVD. JACKSONVILLE FL 32221-1342

# **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90066 006 \*\*\*\*70.00

Applied For



3. Date Incorporated or Qualifed

06/29/1971

4. FEI Number

100012 - 20000 - P

22	.,,	27				59-0774202		Not	Applicable	
City & Stat						5. Certificate of Status Desired	×	\$8.75 A		
23	28							Fee Rec		
Zip	Country	Zip	· —			6. Election Campaign Financing		\$5.00		
24	25 29 30			<u> </u>		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent		<u> </u>	<del></del>	10. Name and Address of New F	legistered /	\gent		
			1	81 1	Name					
MESSER, THOMAS .				82 5	Street Address (P.O. Box Number is Not Acceptable)					
800 HAMMOND BLVD.										
JACKSONVILLE FL 32221				83						
				84 City 85 Zip Code						
					•		FL	1 1		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	2 and 617.1508, Florida S	tatutes, the ab	ove-n	named corpo	ration submits this statement for the	purpose of o	changing its r	registered istered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 617.0503	ras authorizeo 3, Florida Statu	ites.	a corporation	is book of directors, thereby accep	, sio appoii			
SIGNATURE	Thomas C. Mes	Tho	mas C.	Mes	ser. Pi	resident/Director _	_1-25	5-99		
SIGNATOR	Signature, typed or printed name of registered agent		(NOTE: Registered /	Agent si	gnature required	when reinstating)	DATE		20 11 40	
12.	OFFICERS AN		13.		<del></del>	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	☐ DELET	E 1.1 मा	LE				Change	Addition	
NAME	MESSER, THOMAS C		1.2 NA	ME						
STREET ADDRESS	800 HAMMOND BLVD.		1.3 STF	REETAD	DORESS					
CITY-ST-ZIP	JACKSONVILLE FL 32221			Y-ST-Z	IP					
TITLE	VD □ DELETE		Έ . 2.1 TT	. 2.1 MLE				Change	Addition	
NAME	GREENE, WILLIAM M.		2.2 NA	ME						
STREET ADDRESS	1090 KNOLL DRIVE W		2.3 ST	REET AD	DORESS					
CITY-ST-ZIP	JACKSONVILLE FL			1Y-ST-2	ZIP					
TITLE	TD	☐ DELET	E 3.1 π	Œ	Į.			Change	Addition Addition	
NAME	Braddock, Kenneth		3.2 NA	ME		<del>-</del>		<del></del>		
STREET ADDRESS	10434 PIEDMONT RD		3.3 STI	REET AD	DORESS					
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-Z	ZIP					
TITLE	SD	☐ DELET	E 4,1 TIT	LE .	ł			Change	Addition	
NAME	AKINS, MICHAEL L.		4, 2 N	ME						
STREET ADDRESS	8374 GRAMPELL		4.3 STI	REETAL	DORESS					
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-Z	3P					
TITLE		☐ DELET	E 5.1 TIT	LE				Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REETAD	DORESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	îP					
TITLE		DELET	E 6.1 ΤΠ	LE				Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STI	REETAD	DORESS	•				
CITY-ST-ZIP			6.4 CIT	ry-st-Z	DP .					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

hamasace Messer QUIFFED C. Messer

(904) 786-5320

CR2E037 (11/98)