

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90017 038 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724461

1. Corporation Name

TRINITY BAPTIST CHURCH OF PALM BEACH COUNTY, INC

Principal Place of Business

3097 HIBISCUS CIRCLE  
WEST PALM BEACH FL 33409

Mailing Address

3097 HIBISCUS CIRCLE  
WEST PALM BEACH FL 33409



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/02/1972

4. FEI Number

23-7290971

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FIX, HARRY R.  
3070 HIBISCUS CIRCLE  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARTIN, AARON R  
STREET ADDRESS 70 NEVA DR  
CITY-ST-ZIP W PALM BEACH FL

TITLE VD ☐ DELETE

NAME FIX, HARRY R. JR.  
STREET ADDRESS 3051 HIBISCUS CIRCLE  
CITY-ST-ZIP W PALM BEACH FL

TITLE S ☐ DELETE

NAME WALKER, JOYCE M  
STREET ADDRESS 4450 POTOMAC AVE  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE T ☐ DELETE

NAME DEEN, EDITH F  
STREET ADDRESS 1298 DREXEL RD  
CITY-ST-ZIP W PALM BEACH FL

TITLE D ☐ DELETE

NAME WALKER, ROY E  
STREET ADDRESS 4450 POTOMAC AVE  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE PD ☐ DELETE

NAME FIX, HARRY R  
STREET ADDRESS 3070 HIBISCUS CIR  
CITY-ST-ZIP W PALM BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)