

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90100 029 ****61.25

DOCUMENT # 730620

1. Entity Name

TRINITY CHURCH OF THE NAZARENE OF LAKE CITY,
INC



Principal Place of Business

ROUTE 47 SOUTH
P.O. BOX 1392
LAKE CITY FL 32056
US

Mailing Address

ROUTE 47 SOUTH
P.O. BOX 1392
LAKE CITY FL 32056
US



2. Principal Place of Business

141 SW. AZALEA PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

LAKE CITY, FLORIDA

City & State

4. FEI Number

59-6554288

Applied For

Not Applicable

Zip

32025

Country

COLUMBIA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONK, GARY W
17708 N STATE RD #121
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name MONK, GARY W.

Street Address (P.O. Box Number is Not Acceptable)
141 SW. AZALEA PLACE

City LAKE CITY

FL

Zip Code
32025

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

G. W. Monk

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

(NOTE: Registered Agent signature required when reinstating)

04-05-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	CLEMONS, HENRY JR	
STREET ADDRESS	RT 3 BOX 128F N/A	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISTRANK, SHERRILL	
STREET ADDRESS	18102 SE CR 137	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODBIDGE, WALT	
STREET ADDRESS	234 JEREMY PL	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: X Walt Woodbridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-05 (386) 752-7175

Date

Daytime Phone #