2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732817

FILED Apr 29, 2007 Secretary of State

Entity Name: FIRST TRINITY HOLINESS CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 2025 A SR 16 SAINT AUGUSTINE, FL 32084 US **Current Mailing Address: New Mailing Address:** 2025 A SR 16 US SAINT AUGUSTINE, FL 32084 FEI Number: 59-1676142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DAVIS, JEANIE D DAVIS, JEANIE D 2025A STATE ROAD 16 2025A STATE ROAD 16 ST AUGUSTINE, FL 32095 US ST AUGUSTINE, FL 32084 US 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: JEANIE D. DAVIS 04/29/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NELSON, BOBBY J Name: Name: 498 POMONT AVE Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LUKE, JULIAN Name: Address: P.O. BOX 183 Address: City-St-Zip: PAXTON, FL 32538 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, JOHN B Name: Name: Address: 2025B STATE RD 16 Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NELSON, BOBBY J Name: Address: 498 POMONT AVE Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, JEANIE Name: Name: 2025B SR 16 Address: Address: ST AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip:

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: JEANIE D. DAVIS ST 04/29/2007