2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# 732817

Entity Name: FIRST TRINITY HOLINESS CHURCH, INC.

Current Principal Place of Business:

2025 A SR 16
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

2025 A SR 16
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-1676142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, JEANIE D
2025A STATE ROAD 16
ST AUGUSTINE, FL 32084 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: PC ( ) Delete
Name: NELSON, BOBBY J
Address: 498 POMONT AVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V ( ) Delete
Name: LUKE, JULIAN
Address: P.O. BOX 183
City-St-Zip: PAXTON, FL 32538

Title: D ( ) Delete
Name: DAVIS, JOHN B
Address: 2025B STATE RD 16
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: NELSON, BOBBY J
Address: 498 POMONT AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ST ( ) Delete
Name: DAVIS, JEANIE
Address: 2025B SR 16
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 04/05/2009
Electronic Signature of Signing Officer or Director — Date