

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90046 049 \*\*\*\*61.25

**DOCUMENT # 732938**

1. Entity Name

**FATHER CARRINGTON M. COLLIE REVIVALS  
TRINITY'S TROOPS OF RENEWED CHRISTIAN**



Principal Place of Business

**4569 BATES ROAD  
GREENWOOD FL 32443**

Mailing Address

**4569 BATES ROAD  
GREENWOOD FL 32443**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**51-0158022**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUNTER, KEITH  
4569 BATES ROAD  
GREENWOOD FL 32443**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☐ Delete  
NAME HUNTER, KEITH  
STREET ADDRESS 4569 BATES ROAD  
CITY-ST-ZIP GREENWOOD FL

TITLE TD ☐ Delete  
NAME COLLIE, DOROTHY L.(REV.)  
STREET ADDRESS 4569 BATES ROAD  
CITY-ST-ZIP GREENWOOD FL

TITLE D ☐ Delete  
NAME HALL, HELEN  
STREET ADDRESS 4569 BATES ROAD  
CITY-ST-ZIP GREENWOOD FL

TITLE D ☒ Delete  
NAME MOORE, WALLACE REV  
STREET ADDRESS 4569 BATES RD  
CITY-ST-ZIP GREENWOOD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Dorothy L. Collie* *Dorothy L. Collie* *850-560-0000*