

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734334 (6)
 1. Corporation Name

THE CHURCH OF TRINITY TABERNACLE INTERDENOMINATIONAL, INC.



Principal Place of Business: **ROUTE 2, BOX 86 QUINCY FL 32351-9607**
 Mailing Address: **ROUTE 2, BOX 86 QUINCY FL 32351-9607**

3. Date Incorporated or Qualified: **11/14/1975**
 3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**

4. FEI Number: **51-0204829**
 Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SMITH, ELIZA JANE
 ROUTE 2, BOX 86
 QUINCY FL 32351**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SMITH, DOROTHY ANN	
STREET ADDRESS	ROUTE 2 BOX 86	
CITY-ST-ZIP	QUINCY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, ELIZA JANE	
STREET ADDRESS	ROUTE 2 BOX 86	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, JURIEAL S	
STREET ADDRESS	ROUTE 2 BOX 86	
CITY-ST-ZIP	QUINCY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARDY, DAISY M	
STREET ADDRESS	ROUTE 2 BOX 87	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKMAN, ZEPHARINE P	
STREET ADDRESS	ROUTE 2 BOX 86	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, MARION Allen	
STREET ADDRESS	ROUTE 2 BOX 86	
CITY-ST-ZIP	QUINCY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director Tola J. Allen
6.3 STREET ADDRESS	Rt 6 Box 399
6.4 CITY-ST-ZIP	Quincy, FL 32351

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*7-15-96
 JR*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Dorothy Ann Smith* **7-8-96** **904-627-3758**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)