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FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32351-9650
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3. Date Incorporated or Qualified 11/14/1975	3a. Date of Last Report 07/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 51-0204829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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 checked="" type="checkbox"/> DELETE
NAME	HICKMAN, ZEPHARINE P
STREET ADDRESS	ROUTE 2 BOX 86
CITY-ST-ZIP	QUINCY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEN, IOLA J
STREET ADDRESS	ROUTE 6 BOX 344
CITY-ST-ZIP	QUINCY FL 32351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Albert, Ben
5.3 STREET ADDRESS	Route 2 Box 86
5.4 CITY-ST-ZIP	Quincy, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)