


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 32351-9607
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3. Date Incorporated or Qualified <b>11/14/1975</b>	
4. FEI Number <b>51-0204829</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent <b>SMITH, ELIZA JANE</b> <b>ROUTE 2, BOX 86</b> <b>QUINCY FL 32351</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 <b>VSD</b>	NAME <b>SMITH, DOROTHY ANN</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>ROUTE 2 BOX 86</b>	CITY-ST-ZIP <b>QUINCY FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE <b>PD</b>	NAME <b>SMITH, ELIZA JANE</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>ROUTE 2 BOX 86</b>	CITY-ST-ZIP <b>QUINCY FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>ALBERT, JURIEAL S</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>ROUTE 2 BOX 86</b>	CITY-ST-ZIP <b>QUINCY FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>TD</b>	NAME <b>HARDY, DAISY M</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>ROUTE 2 BOX 67</b>	CITY-ST-ZIP <b>QUINCY FL</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>ALBERT, BEN</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>RT. 2, BOX 86</b>	CITY-ST-ZIP <b>QUINCY FL</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>ALLEN, IOLA J</b>	6.1 TITLE	6.2 NAME
STREET ADDRESS <b>ROUTE 6 BOX 344</b>	CITY-ST-ZIP <b>QUINCY FL 32351</b>	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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Change  Addition

14. I 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.

SIGNATURE: *Dorothy Ann Smith-VSD* *WJAY* *442 3259*

CR2E037 (10/97)