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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734334

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/14/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	51-0204829
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, ELIZA JANE ROUTE 2, BOX 86 QUINCY FL 32351	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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DOROTHY ANN	1.2 NAME	800002924168--E
STREET ADDRESS	ROUTE 2 BOX 86	1.3 STREET ADDRESS	-07/06/99--01141--009
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ELIZA JANE	2.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 86	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, JURIEAL S	3.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 86	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, DAISY M	4.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 67	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, BEN	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 86	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, IOLA J	6.2 NAME	
STREET ADDRESS	ROUTE 6 BOX 344	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 6-30-99 DAYTIME PHONE #: 850-487-3254

CR2E037 (11/98)