

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90461 047 ****61.25

DOCUMENT # 734334

R

1. Entity Name

THE CHURCH OF TRINITY TABERNACLE INTERDENOMINATI

Principal Place of Business

Mailing Address

~~XXXXXX~~
~~ROUTE 2 BOX 86~~
~~QUINCY FL 32351~~

~~XXXXXX~~ 814 Dodger Ball Par
 QUINCY FL 32351-9902

484 Dodger Ball Park Rd
 Quincy, Florida 32351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

484 Dodger Ball Park Rd

814 Dodger Ball Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, FL 32351

City & State

Quincy, FL 32351

4. FEI Number

51-0204829

Applied For

Not Applicable

Zip

Country

Zip

Country

32351

32351

32351

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ELIZA JANE

~~ROUTE 2 BOX 86~~ 814 Dodger Ball Park Road
 QUINCY FL 32351

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VSD**
 STREET ADDRESS **SMITH, DOROTHY ANN**
 CITY-ST-ZIP **ROUTE 2 BOX 86**
QUINCY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **SMITH, ELIZA JANE**
 CITY-ST-ZIP **ROUTE 2 BOX 86**
QUINCY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ALBERT, JURIEAL S**
 CITY-ST-ZIP **ROUTE 2 BOX 86**
QUINCY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **HARDY, DAISY M**
 CITY-ST-ZIP **ROUTE 2 BOX 67**
QUINCY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ALBERT, BEN**
 CITY-ST-ZIP **RT. 2, BOX 86**
QUINCY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ALLEN, IOLA J**
 CITY-ST-ZIP **ROUTE 6 BOX 344**
QUINCY FL 32351

TITLE Change Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **Judy Y. Albert**
 CITY-ST-ZIP **814 Dodger Ball Park Road**
Quincy, FL 32351

12. 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 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-00

Date

850-487-3754

Daytime Phone #

CF 2E 37 (1-01)