


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 734334 1. Entity Name THE CHURCH OF TRINITY TABERNACLE INTERDENOMINATIONAL, INC.	
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FILED
04 JUN 30 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 484 DODGERS BALL PARK RD QUINCY, FL 32352	Mailing Address 814 484 DODGERS BALL PARK RD QUINCY, FL 32352
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	814 Dodgers Ball Park Road	51-0204829	Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	32352	Gadsden

06282004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent SMITH, ELIZA JANE 814 DODGER BALL PARK ROAD QUINCY, FL 32352	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DOROTHY ANN			NAME			
STREET ADDRESS	814 DODGER BALL PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32352			CITY-ST-ZIP			
STREET ADDRESS	814 DODGER BALL PARK ROAD			STREET ADDRESS			
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CITY-ST-ZIP	QUINCY, FL 32352			CITY-ST-ZIP			
STREET ADDRESS	814 DODGER BALL PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32352			CITY-ST-ZIP			

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 another like empowered.

SIGNATURE: Dorothy Ann Smith / DOROTHY ANN SMITH June 29, 2004 487-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #