



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |
|---|---|
| <b>DOCUMENT # 734334</b><br>1. Entity Name<br><b>THE CHURCH OF TRINITY TABERNACLE<br/>INTERDENOMINATIONAL, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>484 DODGERS BALL PARK RD<br/>QUINCY, FL 32352</b> | Mailing Address<br><b>814 DODGERS BALL PARK ROAD<br/>QUINCY, FL 32352</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**05 JUN 30 PM 3:42**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



06302005 No Chg-NP CR2E037 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>51-0204829</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

|   |                                       |
|---|---------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SMITH, ELIZA JANE<br/>814 DODGER BALL PARK ROAD<br/>QUINCY, FL 32352</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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

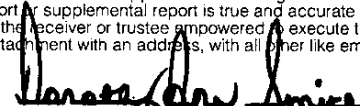
|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>SMITH, DOROTHY ANN<br>814 DODGER BALL PARK ROAD<br>QUINCY, FL 32352 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMITH, ELIZA JANE<br>814 DODGER BALL PARK ROAD<br>QUINCY, FL 32352   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBERT, JURIEAL S<br>814 DODGER BALL PARK ROAD<br>QUINCY, FL 32352    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AST<br>ALBERT, JUDY<br>814 DODGER BALL PARK ROAD<br>QUINCY, FL 32352       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBERT, BEN<br>814 DODGER BALL PARK ROAD<br>QUINCY, FL 32352          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBERT, MICHAEL D<br>814 DODGER BALL PARK ROAD<br>QUINCY, FL 32352    |

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**07/06/05--01056--003 \*\*70.00**

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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:**  **/DOROTHY ANN SMITH** **June 30, 2005** **850-487-3754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #