

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

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

DOCUMENT # 734334  
1. Entity Name  
THE CHURCH OF TRINITY TABERNACLE  
INTERDENOMINATIONAL, INC.



Principal Place of Business - 484 DODGERS BALL PARK RD  
QUINCY, FL 32352  
Mailing Address 814 DODGERS BALL PARK ROAD  
QUINCY, FL 32352

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0204829 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, ELIZA JANE  
814 DODGER BALL PARK ROAD  
QUINCY, FL 32352

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	SMITH, DOROTHY ANN
STREET ADDRESS	814 DODGER BALL PARK ROAD
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	PD
NAME	SMITH, ELIZA JANE
STREET ADDRESS	814 DODGER BALL PARK ROAD
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	D
NAME	ALBERT, JURIEAL S
STREET ADDRESS	814 DODGER BALL PARK ROAD
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	AST
NAME	ALBERT, JUDY
STREET ADDRESS	814 DODGER BALL PARK ROAD
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	D
NAME	ALBERT, BEN
STREET ADDRESS	814 DODGER BALL PARK ROAD
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	D
NAME	ALBERT, MICHAEL D
STREET ADDRESS	814 DODGER BALL PARK ROAD
CITY-ST-ZIP	QUINCY, FL 32352

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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 is 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 /DOROTHY ANN SMITH June 30, 2005 850-487-3754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #