

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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FILED
 07 JUN 29 PM 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

06282007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

SMITH, ELIZA J
 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 _____ 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 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May be Added to Fees **200105654248**
 05/07--01064--002 **70.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Dorothy Ann Smith/VSD June 29, 2007 850-487-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #