

2008 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

FILED
08 JUL 10 PM 3: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, ELIZA J
814 DODGER BALL PARK ROAD
QUINCY, FL 32352

Signature

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Filing Fee
600133004906
07/16/08--01016--016 **70.00

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 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 7-9-08 850-487-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #