FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747204** **(6)**

1. Corporation Name

TRINITY HOLINESS CHURCH OF WINTER BEACH, INC.

Principal Place of Business	Mailing Address
4545 71ST ST AND CEMETERY RD P.O. BOX 248 WINTER BEACH FL 32971	4545 71ST ST AND CEMETERY RD P.O. BOX 248 WINTER BEACH FL 32971

3. Date Incorporated or Qualified: 05/16/1979	3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-1923664	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Street, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

JOHNSON, REV. JAMES H.
71ST STREET AND CEMETERY RD.
WINTER BEACH FL 32971

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19__	
1 TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
1 NAME	JOHNSON, REV. JAMES H.		1.2 NAME
1 STREET ADDRESS	4545-71ST & CEMETARY RD		1.3 STREET ADDRESS
1 CITY-ST-ZIP	WINTER BEACH FL		1.4 CITY-ST-ZIP
2 TITLE	SD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
2 NAME	JOHNSON, LOUISE		2.2 NAME
2 STREET ADDRESS	4545-71ST & CEMETARY RD		2.3 STREET ADDRESS
2 CITY-ST-ZIP	WINTER BEACH FL		2.4 CITY-ST-ZIP
3 TITLE	VD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
3 NAME	STARNES, ED		3.2 NAME
3 STREET ADDRESS	3304 METZGER RD.		3.3 STREET ADDRESS
3 CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP
4 TITLE	D	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
4 NAME	GRICE, JAMES H		4.2 NAME
4 STREET ADDRESS	956 18TH AVE		4.3 STREET ADDRESS
4 CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP
5 TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
5 NAME			5.2 NAME
5 STREET ADDRESS			5.3 STREET ADDRESS
5 CITY-ST-ZIP			5.4 CITY-ST-ZIP
6 TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
6 NAME			6.2 NAME
6 STREET ADDRESS			6.3 STREET ADDRESS
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. James H Johnson 1/22/96 1-407-569-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #