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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753575 (0)
1. Corporation Name
TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC.



Principal Place of Business Mailing Address
652 SR 20 652 SR 20
PO BOX 226 PO BOX 226
INTERLACHEN FL 32148 INTERLACHEN FL 32148-0226
US US

3. Date Incorporated or Qualified 08/01/1980 3a. Date of Last Report 04/09/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2153685 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
DURDEN, JAMES E. 81 Name CARL A. COKER
852 SR 20 82 Street Address (P.O. Box Number is Not Acceptable) 852 SR 20
INTERLACHEN FL 32148 83
84 City INTERLACHEN FL 85 Zip Code 32148

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 Carl A. Coker CARL A. COKER 4/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
NAME DURDEN, DENNIS M. 1.5 CITY - ST - ZIP
STREET ADDRESS 850 SR 20
CITY - ST - ZIP INTERLACHEN FL
TITLE PDC 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
NAME DURDEN, JAMES E. 2.5 CITY - ST - ZIP
STREET ADDRESS 852 SR 20
CITY - ST - ZIP INTERLACHEN FL
TITLE SDT 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
NAME DURDEN, FRANCES 3.5 CITY - ST - ZIP
STREET ADDRESS 852 SR 20
CITY - ST - ZIP INTERLACHEN FL
TITLE D 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
NAME DURDEN, JAMES MARK 4.5 CITY - ST - ZIP
STREET ADDRESS 850 S. R. 20
CITY - ST - ZIP INTERLACHEN FL
TITLE D 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
NAME PARKER-AGUSTA WADE 5.5 CITY - ST - ZIP
STREET ADDRESS RT. 1, BOX 5200
CITY - ST - ZIP FT. MCCOY FL
TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
NAME 6.5 CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP

14. I do 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 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.

CR2E037 (9/96)