2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # 753575** 1. Entity Name TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC. 01-28-2000 90074 046 ****61.25 Mailing Address Principal Place of Business 852 SR-20 --. 852 SR 20 ... PO BOX 226 PO BOX 226 INTERLACHEN FL 32148-0226 INTERLACHEN FL 32148 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEi Number City & State 59-2153685 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MONETT, JENNIE E 111 EAGLE NEST TRAIL PALATKA FL 32177 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete DURDEN, DENNIS M. NAME STREET ADDRESS STREET ADDRESS 850 SR 20 CITY-ST-ZIP CITY-ST-ZIP INTERLACHEN FL PTDC : ☐ Change Addition ☐ Delete TITLE NAMÉ MCNETT, JENNIE E NAME STREET ADDRESS STREET ADDRESS 111 EAGLE NEST TRAIL CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 ☐ Delete ☐ Change ☐ Addition SDT TITLE TITLE **DURDEN, FRANCES** NAME NAME STREET ADDRESS STREET ADDRESS 852 SR 20 CITY-ST-ZIP CITY-ST-ZIP INTERLACHEN FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE **DURDEN, JAMES MARK** NAME NAME STREET ADDRESS STREET ADDRESS 850 S. R. 20 CITY-ST-ZIP INTERLACHEN FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MCNETT, BRADY NAME NAME STREET ADDRESS STREET ADDRESS 111 EAGLE NEST TRAIL CITY - ST - ZIP.

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 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

PALATKA FL 32177

MCNETT, WARREN

PALATKA FL 32177

111 EAGLE NEST TRAIL

VD:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition