

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90024 031 ****61.25

DOCUMENT # 753575

1. Entity Name
TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC.

Principal Place of Business Mailing Address
 852 SR 20 852 SR 20
 PO BOX 226 PO BOX 226
 INTERLACHEN FL 32148 INTERLACHEN FL 32148
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1008 Hwy 19 S. **JENNIE E. McNETT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Palatka, Fla. **111 Eagle Nest Trail**
 City & State City & State
Palatka, Fla.

Zip Country Zip Country
32177 **Putnam** **32177** **Putnam**

4. FEI Number Applied For
59-2153685 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNETT, JENNIE E
111 EAGLE NEST TRAIL
PALATKA FL 32177

Name
JENNIE E. McNETT
 Street Address (P.O. Box Number is Not Acceptable)
111 Eagle Nest Trail
 City State Zip Code
Palatka **FL** **32177**

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 Jennie E. McNett Chairman & Pastor JENNIE E. McNETT 4-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input type="checkbox"/> Delete
NAME	DURDEN, DENNIS M.	
STREET ADDRESS	850 SR 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	PTDC	<input type="checkbox"/> Delete
NAME	MCNETT, JENNIE E	
STREET ADDRESS	111 EAGLE NEST TRAIL	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DURDEN, FRANCES	
STREET ADDRESS	852 SR 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURDEN, JAMES MARK	
STREET ADDRESS	850 S. R. 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNETT, BRADY	
STREET ADDRESS	111 EAGLE NEST TRAIL	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCNETT, WARREN	
STREET ADDRESS	111 EAGLE NEST TRAIL	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURDEN, DENNIS M.	
STREET ADDRESS	850 SR 20	
CITY-ST-ZIP	INTERLACHEN Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURDEN, FRANCES	
STREET ADDRESS	852 SR 20	
CITY-ST-ZIP	INTERLACHEN, Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE JENNIE E. McNETT JENNIE E. McNETT 4-11-01 904-328-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)