

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90154 034 ****61.25

DOCUMENT # 753575

1. Entity Name

TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC.

Principal Place of Business

5.8
1008 SR 19 S 1008 STATE ROAD
PALATKA FL 32177
US

Mailing Address

JENNIE E MCNETT
111 EAGLE NEST TRL
PALATKA FL 32177
US

2. Principal Place of Business

1008 STATE ROAD 19 S.

3. Mailing Address

1008 STATE ROAD 19 S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA, FL.

City & State

PALATKA, FL.

Zip

32177

Country

PUTNAM

Zip

32177

Country

PUTNAM

4. FEI Number

59-2153685

Applied For

☐ 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

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

City

FL

Zip Code

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

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	D	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

4-15-02

Daytime Phone #

386-328-4185

CR2E037 (9/01)