


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90045 041 \*\*\*\*61.25

<b>DOCUMENT # 753575</b>	
1. Entity Name <b>TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC.</b>	

Principal Place of Business <b>1008 STATE ROAD 19 S PALATKA FL 32177 US</b>	Mailing Address <b>1008 STATE ROAD 19 S PALATKA FL 32177 US</b>
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2. Principal Place of Business <b>1008 South State Rd 19</b> Suite, Apt. #, etc.	3. Mailing Address <b>1008 South State Rd 19</b> Suite, Apt. #, etc.
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City & State <b>Palatka Florida</b>	City & State <b>Palatka Florida</b>
Zip <b>32177</b>	Country <b>Putnam</b>



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2153685</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCNETT, JENNIE E 1008 ST RD 19 S PALATKA FL 32177</b>	
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7. Name and Address of New Registered Agent	
Name <b>Jennie E. McNett</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1008 South State Rd 19</b>	
City <b>Palatka</b>	Zip Code <b>FL 32177</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DURDEN, DENNIS M</b> <b>850 SR 20</b> <b>INTERLACHEN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTDC</b> <b>MCNETT, JENNIE E</b> <b>111 EAGLE NEST TRAIL</b> <b>PALATKA FL 32177</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>DURDEN, FRANCES</b> <b>852 SR 20</b> <b>INTERLACHEN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DURDEN, JAMES MARK</b> <b>850 S. R. 20</b> <b>INTERLACHEN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MCNETT, BRADY</b> <b>111 EAGLE NEST TRAIL</b> <b>PALATKA FL 32177</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>MCNETT, WARREN</b> <b>111 EAGLE NEST TRAIL</b> <b>PALATKA FL 32177</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 2-9-04 386-328-4185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #