## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # 753575** 1. Entity Name 03-21-2006 90037 033 \*\*\*\*61.25 TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC. Principal Place of Business Mailing Address 1008 SOUTH STATE ROAD 19 1008 SOUTH STATE ROAD 19 PALATKA FL 32177 US PALATKA FL 32177 US TRINITY HOLINESS TEMPLE of PUTNON COUNTY 2. Principal Place of Business 3. Mailing Address 1008 South State RD19 1008 South STOLE RU Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For Halatka Florida 59-2153685 alatka, Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2117 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNETT, JENNIE E Street Address (P.O. Box Number is Not Acceptable) 1008 SOUTH STATE ROAD 19 PALATKA FL 32177 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typica or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regioned when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE ☐ Delete FILLE ■ Addition DURDEN, DENNIS M NAME NAME 850 SR 20 STREET ADDRESS STREET ADDRESS INTERLACHEN FL CITY-ST-ZIP CITY-ST-ZIP PTDC ☐ Delete TITLE Tt Change Addition MCNETT, JENNIE E NAME NAME 111 EAGLE NEST TRAIL STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition NAME DURDEN, FRANCES NAME 852 SR 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INTERLACHEN FL CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition DURDEN, JAMES MARK NAME NAME STREET ADDRESS 850 S. R. 20 STREET ADDRESS CITY-ST-ZIP INTERLACHEN FL CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME MCNETT, BRADY NAME 111 EAGLE NEST TRAIL STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP VD THILE ☐ Delete TITLE Change ☐ Addition MCNETT, WARREN NAME NAME STREET ADDRESS 111 EAGLE NEST TRAIL STREET ADDRESS PALATKA FL 32177 CITY-ST-7IE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statules. 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: Quante Me Hett

JENNIE MENETT

3-3-de

**FILED** 

Mar 21, 2006 8:00 am

386-328-4185