

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758892

FILED  
May 07, 2007  
Secretary of State

**Entity Name:** TRINITY BAPTIST CHURCH, OCALA, FLORIDA, INC.

**Current Principal Place of Business:**

1600 SE 58TH AVE  
OCALA, FL 32671

**New Principal Place of Business:**

1600 SE 58TH AVE  
OCALA, FL 34471

**Current Mailing Address:**

1600 SE 58TH AVE  
OCALA, FL 32671

**New Mailing Address:**

1600 SE 58TH AVE  
OCALA, FL 34471

**FEI Number:** 59-2102275      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEIST, GARY M  
4200 SE 60 STREET  
OCALA, FL 34480      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: KNOTTS, MADELENE F  
Address: 1631 NE 16TH AVENUE  
City-St-Zip: OCALA, FL 34470

Title: PD      ( ) Delete  
Name: LEIST, GARY M.  
Address: 4200 SE 60 STREET  
City-St-Zip: OCALA, FL 34480

Title: VPD      ( ) Delete  
Name: PARKER, DANNY  
Address: 2718 SE 36 STREET  
City-St-Zip: OCALA, FL 344716840

Title: TD      ( ) Delete  
Name: KING, BRAD  
Address: 2050 SE 52 COURT  
City-St-Zip: OCALA, FL 344715756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELENE F. KNOTTS

SD

05/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date