2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763626

FILED Apr 28, 2009 Secretary of State

Entity Name: HOLY TRINITY CHURCH OF BARTOW, INC.

Current Principal Place of Business: New Principal Place of Business:

500 WEST STUART ST 500 WEST STUART ST. BARTOW, FL 338306200 BARTOW, FL 338306200 US

Current Mailing Address: New Mailing Address:

P.O. BOX 197 P.O. BOX 197

BARTOW, FL 33831 BARTOW, FL 33831 US

FEI Number: 59-2388629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILSON JR, DONALD H 245 SOUTH CENTRAL AVE BARTOW, FL 33830

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

FRISBIE, S L IV Name: FRISBIE, S L IV Name: 1840 MARGARET AVENUE Address: 1840 MARGARET AVENUE Address:

City-St-Zip: BARTOW, FL 33830 City-St-Zip: BARTOW, FL 33830

Title: Title: (X) Change () Addition () Delete REYNOLDS, WALLACE DR Name: REYNOLDS, WALLACE A DR Name: Address: 1015 S FLORAL AVE Address: 1015 S FLORAL AVE City-St-Zip: BARTOW, FL 33830 City-St-Zip: BARTOW, FL 33830

Title: () Delete Title: (X) Change () Addition

CLEMENTS, DENNIS CLEMENTS, DENNIS Name: Name:

Address: P.O. BOX 76 Address: P.O. BOX 76

City-St-Zip: HOMELAND, FL 33847 City-St-Zip: HOMELAND, FL 33847

(X) Change () Addition Title: JRW () Delete Title: JRW

Name: ALLEN, GARY Name: ALLEN, GARY L 1295 E. HIBISEUS DR. Address: Address: 1295 E. HIBISCUS DR. City-St-Zip: BARTOW, FL 33930 City-St-Zip: BARTOW, FL 33830

Title: SEC () Delete Title: () Change () Addition

RANSBOTTOM, CINDY L Name: Name: 2055 S. FLORAL AVE., #198 Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip:

Title: () Delete Title: () Change (X) Addition STRINGFELLOW, KEIGHTLEY Name: Name: Address: Address: 547 OLD FT. MEADE ROAD HOMELAND, FL 33847 City-St-Zip: 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: CINDY L RANSBOTTOM SEC 04/28/2009