

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H22348  
1. Corporation Name

GREATER TRINITY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address  
GREATER TRINITY BAPTIST CHURCH, INC.  
25 NW 7 AVE.  
DANIA, FL 33004

3. Date Incorporated or Qualified 09/24/1984  
3a. Date of Last Report 12/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 25 NW 7TH AVE  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 DANIA, FL  
24 Zip 25 Country 29 33311 30 USA

4. FEI Number 59-2457532  
Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGREGOR, JOHNNIE F.  
18925 NW 43RD COURT  
OPA LOCKA FL 33055

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "reinstating")

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MCGREGOR, JOHNNIE F.	
STREET ADDRESS	18925 NW 43RD COURT	
CITY-ST-ZIP	OPA LOCKA, FL 33055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDEN, EUGENE	
STREET ADDRESS	320 SW 4TH CT	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEW, HOMER SR.	
STREET ADDRESS	3341 NW 17TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, WALTER	
STREET ADDRESS	3024 NW 8TH CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBBS, JAMES	
STREET ADDRESS	18930 NW 43RD CT	
CITY-ST-ZIP	OPA LOCKA, FL 33055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200001851242
4.4 CITY-ST-ZIP	-06/05/96--01018--001
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***00.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	D HUFF, ARTHUR
6.3 STREET ADDRESS	2130 NW 47TH TERR
6.4 CITY-ST-ZIP	LAUDERHILL, FL 33313

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Johnnie F. McGregor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOHNNIE F. MCGREGOR) 4/28/1996 (305)625-2627

Date:

Daytime Phone: #

CR2E037 (12/95)