

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

04-30-2001 90378 007 ****61.25

DOCUMENT # N00000001531

1. Entity Name

TRINITY MISSION, INC.

Principal Place of Business

17677 HIGHWAY 331 NORTH
 DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 1186
 PAXTON FL 32538

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEOGHAGAN, ADRIAN D
 17677 HIGHWAY 331 NORTH
 DEFUNIAK SPRINGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Pastor
 Dwayne Geoghagan
 17677 Highway 331 N
 Defunak Springs, FL 32433

☐ Delete

D

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Elder
 Calvin Norris
 23109 Highway 331 N
 Laurel Hill, FL

☐ Delete

D

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Treasurer
 50 Ann Mathis
 1314 Grandview Drive
 Crestview, FL 32539

☐ Delete

D

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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☐ Change ☐ 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, 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: Adrian D. Geoghagan 4-20-2001 (850) 834-3777

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)