

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006857

1. Entity Name

TRIUNE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1920 40TH ST. NW
WINTER HAVEN FL 33881

P. O. BOX 10445
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554550

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MASON, FELISIA
1920 40TH ST. NW
WINTER HAVEN FL 33881

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 reinstating)

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MASON, GREGORY
3703 COFFMAN DR.
WINTER HAVEN FL 33881

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MASON, FELESIA
3703 COFFMAN DR.
WINTER HAVEN FL 33881

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HENDRIX, PEGGY
203 ELMOR AVE.
DUNDEE FL 33838

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HAWTHORNE, FREDDIE SR.
2862 KAYWORTH CT.
BARTOW FL 33830

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASON, MARY
608 MYRTLE ST.
DUNDEE FL 33838

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90023 041 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)