

ANNUAL REPORT (AR)

DOCUMENT # N00000006857

1. Entity Name

TRIUNE MISSIONARY BAPTIST CHURCH, INC.



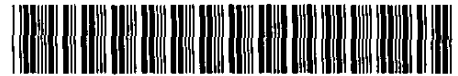
FILED
Feb 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1920 40TH ST. NW
WINTER HAVEN FL 33881

1920 40TH ST. NW
WINTER HAVEN FL 33881



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

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

MASON, GREGORY R REV
3703 COFFMAN ROAD
WINTER HAVEN FL 33881

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev Gregory Mason *Rev Gregory Mason* 1/30/07

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME MASON, GREGORY REV
STREET ADDRESS 3703 COFFMAN DR.
CITY- ST- ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
U000000624343
02/14/07-80028-018 70.00

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE S
NAME BRIGGS, PEGGY
STREET ADDRESS 203 ELINOR AVE.
CITY- ST- ZIP DUNDEE FL 33838 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE T
NAME HAWTHORNE, FREDDIE DEC
STREET ADDRESS 2862 KAYWORTH CT.
CITY- ST- ZIP BARTOW FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #