

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006857

FILED
Jul 01, 2009
Secretary of State

Entity Name: TRIUNE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1920 40TH ST. NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1920 40TH ST. NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3554550 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASON, GREGORY REV
Address: 3703 COFFMAN DR.
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: MASON, FELESIA
Address: 3703 COFFMAN DR.
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: BRIGGS, PEGGY
Address: 203 ELINOR AVE.
City-St-Zip: DUNDEE, FL 33838

Title: T () Delete
Name: HAWTHORNE, FREDDIE DEC
Address: 2862 KAYWORTH CT.
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: MASON, MARY
Address: 608 MYRTLE ST.
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GREGORY R. MASON

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date