

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO1000004920**

1. Entity Name

TRINITY BAPTIST CHURCH OF PALM BAY, INC.

Principal Place of Business

Mailing Address

**2803 PALM BAY RD. NE
PALM BAY, FL 32905**

2. Principal Place of Business

SAME

3. Mailing Address

P.O. Box 061452

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

City & State

City & State

PALM BAY, FL

4. FEI Number

52-2306859

Applied For

Not Applicable

Zip

Country

Zip

Country

32906

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

**REV. JOSEPH A. STEPHENS
675 SE STOW TERRACE
PORT ST. LUCIE, FL 34984**

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

Joseph A. Stephens

REV. JOSEPH A. STEPHENS

8/6/2001

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

(NOTE: Registered Agent signature not required for this filing.)

**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 **PRESIDENT - P** ☐ Delete
NAME **REV. JOSEPH A. STEPHENS**
STREET ADDRESS **675 SE STOW TERRACE**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34984**

TITLE **VICE PRESIDENT - VP** ☐ Delete
NAME **ROBERT MILLER**
STREET ADDRESS **700 NEVADA BLVD NE**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **Treas** ☐ Delete
NAME **CYNTHIA M. STEWART**
STREET ADDRESS **1570 HALSTED AVE. NW**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **D** ☐ Delete
NAME **WINSTON L. ASHBY**
STREET ADDRESS **118 DONNA RD NE**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **D** ☐ Delete
NAME **JUSTIN R. STEWART**
STREET ADDRESS **1570 HALSTED AVE NW**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **D** ☐ Delete
NAME **NEIL C ABRAHAM**
STREET ADDRESS **1355 CHERRY HILLS RD NE**
CITY-ST-ZIP **PALM BAY, FL 32905-3701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Joseph A. Stephens

REV. JOSEPH A. STEPHENS

Date

8/7/2001 321-722-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Daytime Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 24 PM 1:46

00061225

DO NOT WRITE IN THIS SPACE

CR2037 (11/00)