

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90117 024 ****62.25

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**

**P.O. BOX 061452
PALM BAY FL 32906**

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

52-2306859

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

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

**DEF
FC
A**

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 reinstating)

DATE

22 APRIL 2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **STEPHENS, JOSEPH A**
STREET ADDRESS **675 S.E. STOW TERRACE**
CITY-ST-ZIP **PORT ST LUCIE FL 34984**

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

TITLE **VP** ☐ Delete
NAME **MILLER, ROBERT**
STREET ADDRESS **200 NEVADA DRIVE N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **ST** ☐ Delete
NAME **STEWART, CYNTHIA M**
STREET ADDRESS **1570 HALSTEAD AVENUE N.W.**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete
NAME **ASHER, WINSTON L**
STREET ADDRESS **118 DONNA ROAD N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete
NAME **STEWART, JUSTIN R**
STREET ADDRESS **1570 HALSTEAD AVENUE N.W.**
CITY-ST-ZIP **PALM BAY FL 32907**

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

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

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

22 APRIL 2002

CR2E037 (9/01)