2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000004920 1. Entity Name TRINITY BAPTIST CHURCH OF PALM BAY, INC.						Feb 20, 2004 08:00 AM Secretary of State				
Principal Plac	e of Business	Mailing Address	g Address			-				
2803 PALM BAY RD NE P.O.		P.O. BOX 061452 PALM BAY FL 32906								
2 Procing 5	3. Mailing Address	ing Address								
2. Principal Place of Business 3.		3. Mailing Address	• Main in a Contrass							
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			MOORE CR2E037 (11/03)				
City & State		City & State				4. FEI Number 5	2-2306859	├ ——	pplied For at Applicable	
Zıp	Country	Zip	Country			5. Certificate of St	atus Desired	\$8.75 Add Fee Require	litional d	
	6. Name and Address of Current	Registered Agent	`			7. Name and Address of New Registered Agent				
STEPHENS, JOSEPH A REV				Name						
675		Street Address			P.O. Box Number is t	Not Acceptable)				
1 01	RT ST LUCIE FL 34984					· · · · · · · · · · · · · · · · · · ·		- 1 = 1	<u> </u>	
, , , , , , , , , , , , , , , , , , ,				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 Signature, typed or printed name of registered agent and title if applicable [NOTE Registered Agent signature required when revisitating) — DATE								 i		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Trust Fund Contribu						\$5.00 May Be Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHANG	S TO OFFICERS AND D	RECTORS IN	াত 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, JOSEPH A 675 S.E. STOW TERRACE PORT ST LUCIE FL 34984	□ Delele	NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		G2	U00000053471 2/23/04-80001-	□ Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, ROBERT 200 NEVADA DRIVE N.E. PALM BAY FL 32907					☐ Change ☐			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEWART, CYNTHIA M 570 HALSTEAD AVENUE N.W. S			T ADORESS ST-ZIP	<u> </u>			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, WINSTON L 118 DONNA ROAD N.E. PALM BAY FL 32907	B DONNA ROAD N.E.		1		<u> </u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	570 HALSTEAD AVENUE N.W. STALM BAY FL 32907			3				Change	□ Āddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, NEIL C 1355 CHERRY HILLS ROAD N.E. PALM BAY FL 32905-3701	☐ Delete		1				☐ 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18 2004

FILED