
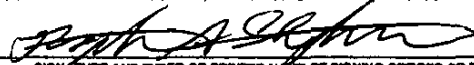


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90211 038 ****61.25

DOCUMENT # N01000004920 1. Entity Name TRINITY BAPTIST CHURCH OF PALM BAY, INC.					
Principal Place of Business 2803 PALM BAY RD NE PALM BAY, FL 32905			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEPHENS, JOSEPH A REV 675 S.E. STOW TERRACE PORT ST LUCIE, FL 34984				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, JOSEPH A 675 S.E. STOW TERRACE PORT ST LUCIE, FL 34984 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH S. HEZERRICK H. 1165 PACE DRIVE, N.W. PALM BAY FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ROBERT 200 NEVADA DRIVE N.E. PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT PASTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSARIO, JUAN 2185 REDWOOD CIRCLE, N.E. PALM BAY, FL 32	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, CYNTHIA M 1570 HALSTEAD AVENUE N.W. PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, WINSTON L 118 DONNA ROAD N.E. PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JUSTIN R 1570 HALSTEAD AVENUE N.W. PALM BAY, FL 32907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, NEIL C 1355 CHERRY HILLS ROAD N.E. PALM BAY, FL 329053701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  24 April 2006 (772) 878-7155 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					