

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90002 022 ****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 - No P.O. Box # 2803 PALM BAY RD NE. Suite, Apt. #, etc. PALM BAY, FLORIDA		3. Mailing Address P.O. BOX 061452 Suite, Apt. #, etc.			
City & State City: PALM BAY, FLORIDA		City & State City: PALM BAY, FLORIDA		4. FEI Number 52-2306859	
Zip 32905		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: STEPHENS, JOSEPH A. REV. Street Address (P.O. Box Number is Not Acceptable): 675 SE. STOW TERRACE City: PORT ST. LUCIE FL Zip Code: 34984			
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: JOSEPH A. STEPHENS <i>Joseph A. Stephens</i> APRIL 19 th 2008 <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 September 12, 2008		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 P NAME STEPHENS, JOSEPH A STREET ADDRESS 675 S.E. STOW TERRACE CITY-ST-ZIP PORT ST LUCIE, FL 34984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MILLER, ROBERT STREET ADDRESS 200 NEVADA DRIVE N.E. CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME STEWART, CYNTHIA M STREET ADDRESS 1570 HALSTEAD AVENUE N.W. CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ASHER, WINSTON L STREET ADDRESS 118 DONNA ROAD N.E. CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STEWART, JUSTIN R STREET ADDRESS 1570 HALSTEAD AVENUE N.W. CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ABRAHAM, NEIL C STREET ADDRESS 1355 CHERRY HILLS ROAD N.E. CITY-ST-ZIP 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: <i>Joseph A. Stephens</i> Re-submitted June 11, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40108352

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Document Number N01000004920

Business Entity Name TRINITY BAPTIST CHURCH OF PALM BAY, INC.

FEI Number 52 - 2306859

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 2803 PALM BAY RD NE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State PALM BAY, FL

Zip Code & Country 32905

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address P.O. BOX 061452

Suite, Apt. #, etc.

City, State PALM BAY, FL

Zip Code & Country 32906

Name And Address of Registered Agent

Name (Last, First, Middle, Title) STEPHENS, JOSEPH, A, REV

- OR -

Business to serve as RA

Street Address in Florida 675 S.E. STOW TERRACE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State PORT ST LUCIE, FL

ATTACHMENT

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N01000004920

Zip Code & Country

34984

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

P

Name (Last, First, Middle, Title)

STEPHENS

JOSEPH

A

- OR -

Entity Name to serve as Officer/Director

Street Address

675 S.E. STOW TERRACE

City, State

PORT ST LUCIE

FL

Zip Code & Country

34984

Name And Address #2

Title

VP

Name (Last, First, Middle, Title)

MILLER

ROBERT

- OR -

Entity Name to serve as Officer/Director

Street Address

200 NEVADA DRIVE N.E.

City, State

PALM BAY

FL

Zip Code & Country

32907

Name And Address #3

Title

ST

Name (Last, First, Middle, Title)

STEWART

CYNTHIA

M

- OR -

Entity Name to serve as Officer/Director

Street Address

1570 HALSTEAD AVENUE N.W.

City, State

PALM BAY

FL

Zip Code & Country

32907

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N01000004920

Name And Address #4

Title

D

Name (Last, First, Middle, Title)

ASHER

WINSTON

L

- OR -

Entity Name to serve as Officer/Director

Street Address

118 DONNA ROAD N.E.

City, State

PALM BAY

FL

Zip Code & Country

32907

Name And Address #5

Title

D

Name (Last, First, Middle, Title)

STEWART

JUSTIN

R

- OR -

Entity Name to serve as Officer/Director

Street Address

1570 HALSTEAD AVENUE N.W.

City, State

PALM BAY

FL

Zip Code & Country

32907

Name And Address #6

Title

D

Name (Last, First, Middle, Title)

ABRAHAM

NEIL

C

- OR -

Entity Name to serve as Officer/Director

Street Address

1355 CHERRY HILLS ROAD N.E.

City, State

PALM BAY

FL

Zip Code & Country

329053701

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Gynthia Stewart

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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