

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90279 006 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **ABRAHAM, NEIL C**  
STREET ADDRESS **1355 CHERRY HILLS ROAD N.E.**  
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  
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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* **JOSEPH A. STEPHENS** 4/21/2003

CR2E037 (10/02)