


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006206	
1. Entity Name HOLY TRINITY GOSPEL CHURCH, INC.	

Principal Place of Business 3208 FRESNO AVE. PENSACOLA FL 32526	Mailing Address 3208 FRESNO AVE. PENSACOLA FL 32526
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3056685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WINSTON, NORMAN 3208 FRESNO AVE. PENSACOLA FL 32526	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME WINSTON, NORMAN STREET ADDRESS 3208 FRESNO AVE. CITY-ST-ZIP PENSACOLA FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VME	NAME WINSTON, BELINDA STREET ADDRESS 3208 FRESNO AVE CITY-ST-ZIP PENSACOLA FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME WINSTON, ANDRE STREET ADDRESS 3208 FRESNO AVE CITY-ST-ZIP PENSACOLA FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME HOWARD, KIMBERLY STREET ADDRESS 3208 FRESNO AVE CITY-ST-ZIP PENSACOLA FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME WINSTON, MARK L STREET ADDRESS 814 GARDEN ST CITY-ST-ZIP PENSACOLA FL 32507	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME COOK, ROBERT STREET ADDRESS 1010 N N. G STREET CITY-ST-ZIP PENSACOLA FL 32501	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norman Winston - NORMAN WINSTON* **2-15-05** **850-456-7241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR