


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006206 1. Entity Name HOLY TRINITY GOSPEL CHURCH, INC.	
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Principal Place of Business 3208 FRESNO AVE. PENSACOLA, FL 32526	Mailing Address 3208 FRESNO AVE. PENSACOLA, FL 32526
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3056685	Applied For 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
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IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WINSTON, NORMAN 3208 FRESNO AVE. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VME WINSTON, BELINDA 3208 FRESNO AVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WINSTON, ANDRE 3208 FRESNO AVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HOWARD, KIMBERLY 505 WOOD CREST WY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WINSTON, MARK L 3208 FRESNO AVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOWARD, ALBERT 505 WOOD CREST WY PENSACOLA, FL 32506

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05/21/08-80094-021 61.25

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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: NORMAN WINSTON NORMAN WINSTON 4-24-08 850.912-8535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #