2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# N01000006206

Entity Name: HOLY TRINITY GOSPEL CHURCH, INC.

Current Principal Place of Business:

3208 FRESNO AVE.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

3208 FRESNO AVE.
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3056685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WINSTON, NORMAN
3208 FRESNO AVE.
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WINSTON, NORMAN	
Address:	3208 FRESNO AVE.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	VME	( ) Delete
Name:	WINSTON, BELINDA	
Address:	3208 FRESNO AVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	T	( ) Delete
Name:	WINSTON, ANDRE	
Address:	3208 FRESNO AVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	S	( ) Delete
Name:	HOWARD, KIMBERLY	
Address:	505 WOOD CREST WY	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	T	( ) Delete
Name:	WINSTON, MARK L	
Address:	3208 FRESNO AVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	T	( ) Delete
Name:	HOWARD, ALBERT	
Address:	505 WOOD CREST WY	
City-St-Zip:	PENSACOLA, FL 32506	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT HOWARD T 05/30/2009

Electronic Signature of Signing Officer or Director — Date