

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 019 ****61.25

DOCUMENT # N02000001966

1. Entity Name
TRINITY UNITED MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**1635 HWY. 20
HAWTHORNE, FL 32640**

Mailing Address
**P. O. BOX 1664
HAWTHORNE, FL 32640**

10001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
01-0670346

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADGETT, JAMES L
3 NORTH SUMMIT ST.
CRESCENT CITY, FL 32112**

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

**Filing Fee is \$81.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **THOMAS, JAMES JR.**
STREET ADDRESS **1680 STATE RD. 20**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BROWN, EVERETT**
STREET ADDRESS **6608 SE 215 ST. PO BOX 434**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SLATER, CYLINTHIA**
STREET ADDRESS **1840 STATE RD. 20**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **MONROE, BILLIE**
STREET ADDRESS **1338 BADEN POWELL RD**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **FISHER, FREDDIE**
STREET ADDRESS **1737 STATE RD. 20**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STRICKLAND, THEARTICE**
STREET ADDRESS **111 NAPOLEON LANE PO BOX 1276**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

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: James Thomas, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-02 ³⁵² 481-3188
Date Daytime Phone #