

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

FILED
Feb 20, 2008 08:00 AM
Secretary of State

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**



02152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0670346	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

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

**DO NOT WRITE
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 _____

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

(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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JAMES JR. 1680 STATE RD. 20 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, EVERETT 6608 SE 215 ST. PO BOX 434 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLATER, CYLINTHIA 1840 STATE RD. 20 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONROE, BILLIE 1338 BADEN POWELL RD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FISHER, FREDDIE 1737 STATE RD. 20 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, THEARTICE 111 NAPOLEON LANE PO BOX 1276 HAWTHORNE, FL 32640

U00000833153
02/28/08-80001-016 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Thomas, Jr.
2/17/08
Date
352-481-3188
352-481-3914
Daytime Phone #