

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001966

FILED
Jan 31, 2009
Secretary of State

Entity Name: TRINITY UNITED MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1635 HWY. 20
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1664
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 01-0670346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, JAMES L
3 NORTH SUMMIT ST.
CRESCENT CITY, FL 32112 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: THOMAS, JAMES JR.
Address: 1680 STATE RD. 20
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: BROWN, EVERETT
Address: 6608 SE 215 ST. PO BOX 434
City-St-Zip: HAWTHORNE, FL 32640

Title: SD () Delete
Name: SLATER, CYLINTHIA
Address: 1840 STATE RD. 20
City-St-Zip: HAWTHORNE, FL 32640

Title: DS () Delete
Name: MONROE, BILLIE
Address: 1338 BADEN POWELL RD
City-St-Zip: HAWTHORNE, FL 32640

Title: DT () Delete
Name: FISHER, FREDDIE
Address: 1737 STATE RD. 20
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: STRICKLAND, THEARTICE
Address: 111 NAPOLEON LANE PO BOX 1276
City-St-Zip: HAWTHORNE, FL 32640

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: CYLINTHIA A. SLATER

SD

01/31/2009

Electronic Signature of Signing Officer or Director

Date