2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001966

FILED Feb 21, 2011 Secretary of State

Entity Name: TRINITY UNITED MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1635 HWY. 20 146 SOUTH CR 21

HAWTHORNE, FL 32640 HAWTHORNE, FL 32640

Current Mailing Address: New Mailing Address:

P. O. BOX 1664

HAWTHORNE, FL 32640

FEI Number: 01-0670346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PADGETT, JAMES L 3 NORTH SUMMIT ST.

CRESCENT CITY, FL 32112 US

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

Liectronic Signature of Registered Agen

OFFICERS AND DIRECTORS:

Title: VD

Name: THOMAS, JAMES JR.
Address: 1680 STATE RD. 20
City-St-Zip: HAWTHORNE, FL 32640

Title: PD

Name: STRICKLAND, THEARTICE

Address: 111 NAPOLEON LANE P.O. BOX 1276

City-St-Zip: HAWTHORNE, FL 32640

Title: SD

Name: SLATER, CYLINTHIA
Address: 1840 STATE RD. 20
City-St-Zip: HAWTHORNE, FL 32640

Title: DS

Name: MONROE, BILLIE

Address: 1338 BADEN POWELL RD City-St-Zip: HAWTHORNE, FL 32640

Title: DT

 Name:
 FISHER, FREDDIE

 Address:
 1737 STATE RD. 20

 City-St-Zip:
 HAWTHORNE, FL 32640

Title: [

 Name:
 SOMMONS, KAZELLE

 Address:
 1916 STATE RD 20

 City-St-Zip:
 HAWTHORNE, FL 32640

I hereby 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 all other like empowered.

SIGNATURE: CYLINTHIA A. SLATER SD 02/21/2011