

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000003185

1. Entity Name

TRINITY TABERNACLE CENTER AND COMMUNITY
DEVELOPMENT CORPORATION INC.



Principal Place of Business

1703 E 24TH AVE
TAMPA FL 33605

Mailing Address

1703 E 24TH AVE
TAMPA FL 33605



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

01-0656907

Applied For

No: Applicable

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

SCOTT, HARRY A JR
316 TERRACE DR
BRANDON FL 33510

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 DC ☐ Delete
NAME SCOTT, HARRY A JR
STREET ADDRESS 316 TERR DR AVE
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ Change ☐ Addition
NAME U000000950167
STREET ADDRESS 06/03/08-80057-025 61.25
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME BOYD, MICHELE R
STREET ADDRESS 7401 ROBINDALE RD
CITY-ST-ZIP TAMPA FL 33619

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

TITLE DT ☐ Delete
NAME BROWNE, FRANCIS E
STREET ADDRESS 4007 CEDARLIMB CT
CITY-ST-ZIP TAMPA FL 33614

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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]

May 7, 2008

(813) 810-3023