61.25 + 8.75 • #70.00 fee (Annual)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
04-21-2003 91184 015 ****70.00

55039499

DOCUMENT # N02000004479

1. Entity Name
TRINITY CHAPEL PCB, INC.

Principal Place of Business	Mailing Address
111 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407	111 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407

2. Principal Place of Business	3. Mailing Address
213 CAROLYN AVE	213 CAROLYN AVE
Suite, Apt. #, etc. PANAMA CITY BEACH	Suite, Apt. #, etc. PANAMA CITY BEACH
City & State FLORIDA	City & State FLORIDA
Zip 32407 Country UNITED STATES	Zip 32407 Country UNITED STATES

☑ CHECK HERE IF MAKING CHANGES 04-3688533

4. FEI Number 04-3688533 ☐ Applied For ☐ Not 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
KLIMIS, GEORGE N 23 EAST TARPON AVENUE TARPON SPRINGS FL 34689	Name ROBERT KIMBERLING Street Address (P.O. Box Number is Not Acceptable) 213 CAROLYN AVE. City PANAMA CITY BEACH FL Zip Code 32407

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 ROBERT KIMBERLING, EXECUTIVE PASTOR, Robert Kimberling 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLIN, JIM REV. 4862 OAKLEIGH MANOR DRIVE POWDER SPRINGS GA 30127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, GERALD REV. P.O. BOX 212 O'BRIEN FL 32071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINGUE, RUSTY REV. 654 E. MAJESTIC OAKS BATON ROUGE LA 70810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMBERT, CHARLES M SR. 111 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAMBERT, MARGARET H 111 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MAY, JAMES E 218 GRAND ISLAND BLVD. PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 2/25/03 110-222-7023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #