

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07580

FILED
Apr 18, 2007
Secretary of State

Entity Name: TRINITY BAPTIST CHURCH OF KEYSTONE HEIGHTS, INC.

Current Principal Place of Business:

P.O. BOX 1099
3716 STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

3716 SE STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

P.O. BOX 1099
3716 STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

P.O. BOX 1099
3716 SE STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-2482404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, PAUL D.
12 LAWRENCE BLVD.
SUITE 201 THE NEWELL BLDG.
KEYSTONE HEIGHTS, FL 32656 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: TR () Delete
Name: WINTER, JIM
Address: 23026 NE 69TH AVENUE
City-St-Zip: MELROSE, FL 32666

Title: TR () Delete
Name: WHEELER, EUGENE
Address: 200 SW GROVE STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TR () Delete
Name: THOMPSON, LEWIS
Address: PO BOX 822
City-St-Zip: MELROSE, FL 32666

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARJORIE R CAQUETTE

MRS

04/18/2007

Electronic Signature of Signing Officer or Director

Date