

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09600** (0)
1. Corporation Name
TRINITY PENTECOSTAL CHURCH OF AMERICA, INC.



Principal Place of Business

%REV. ADRIAN LAWSON
2602 CORINNNE STREET
TAMPA FL 33605

Mailing Address

%REV. ADRIAN LAWSON
2602 CORINNNE STREET
TAMPA FL 33605

3. Date Incorporated or Qualified 06/04/1985	3a. Date of Last Report 02/15/1995
4. FEI Number 59-2531341	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 2602 CORINNNE, ST.	26. 2602 CORINNNE, ST
State, Apt. #, etc.	State, Apt. #, etc.
22. City & State	27. City & State
23. TAMPA, FL	28. TAMPA, FL
Zip	Zip
24. 33605	29. 33605
Country	Country
25. HILLSBOROUGH	30. HILLSBOROUGH

9. Name and Address of Current Registered Agent

LAWSON, ADRIAN
2430 STUART ST.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of person submitting this report (Typed name and date required)

Signature of Agent submitting report (When registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PD	13.1 TITLE	
12.2 NAME	LAWSON, ADRIAN	13.2 NAME	
12.3 STREET ADDRESS	2430 STUART ST.	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	TAMPA FL	13.4 CITY-ST-ZIP	
12.5 TITLE	TD	13.5 TITLE	
12.6 NAME	BROWNING, RICHARD	13.6 NAME	
12.7 STREET ADDRESS	2430 STUART ST.	13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	TAMPA FL	13.8 CITY-ST-ZIP	
12.9 TITLE	VPD	13.9 TITLE	
12.10 NAME	RICE, GARY	13.10 NAME	
12.11 STREET ADDRESS	7013 GLENVIEW DR.	13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	TAMPA FL	13.12 CITY-ST-ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP		13.20 CITY-ST-ZIP	
12.21 TITLE		13.21 TITLE	
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-ST-ZIP		13.24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Adrian Lawson* **ADRIAN LAWSON** 1-27-1996-813-247-5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)