


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 15, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N09600</b> 1. Entity Name TRINITY PENTECOSTAL CHURCH OF AMERICA, INC.		
Principal Place of Business 2602 CORRINNE ST 2602 CORRINNE STREET TAMPA, FL 33605 US	Mailing Address 2602 CORRINNE ST 2602 CORRINNE STREET TAMPA, FL 33605 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LAWSON, ADRIAN 2430 STUART ST. TAMPA, FL 33605		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWNING, FLORA 2430 STUART ST. TAMPA, FL 33605	<p>U000000005530 01/15/04-80054-021 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO RICE, GARY 7013 GLENVIEW DR. TAMPA, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAUDE, DENNIS D P.O. BOX 3271 RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Adrian Lawson</u> <b>ADRIAN LAWSON</b> 1-12-04 813-247-4209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2531341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	