

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90067 010 \*\*\*\*61.25

**DOCUMENT # N09600**

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

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2531341**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAWSON, ADRIAN  
2430 STUART ST.  
TAMPA, FL 33605

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BROWIVING, FLORA  
2430 STUART ST.  
TAMPA, FL 33605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Adrian Lawson* **ADRIAN LAWSON** 2-1-05-813-247-4209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #