

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 17 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N17419** (5)

1. Corporation Name

**TRINITY BAPTIST CHURCH OF MARIANNA, INC.**

Principal Place of Business

Mailing Address

3023 PENNSYLVANIA AVE.  
P. O. BOX 1068  
MARIANNA FL 32446

3023 PENNSYLVANIA AVE.  
P. O. BOX 1068  
MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/21/1986</b>  | 3a. Date of Last Report<br><b>03/16/1994</b> |
| 4. FEI Number<br><b>59-2319007</b>  | Applied For<br>Not Applicable                |
| 5. Certificates of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Country             |
| 24                             | 30                  |

9. Name and Address of Current Registered Agent

**RABON, G. ROLAND**  
**3023 PENNSYLVANIA AVE.**  
**4228 KELSON AVE.**  
**MARIANNA FL 32446**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>D</b>                      | 11 TITLE  | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOWELL, EDGAR L.</b>       | 12 NAME   | <b>TOM FIVEASH</b>  |
| STREET ADDRESS             | <b>3259 BUMP NOSE ROAD</b>    | 13 STREET ADDRESS                                     | <b>4465 Decatur St.</b>   |
| CITY - ST - ZIP            | <b>MARIANNA FL</b>            | 14 CITY - ST - ZIP                                    | <b>MARIANNA, FL. 32446</b>  |
| TITLE                      | <b>VPO</b>                    | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>GLOVER, BILLY</b>          | 22 NAME   |   |
| STREET ADDRESS             | <b>3265 AZALEA RD.</b>        | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>MARIANNA FL</b>            | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>SD</b>                     | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>SHIRLEY, GENE</b>          | 32 NAME   |   |
| STREET ADDRESS             | <b>2263 FILLMORE DRIVE</b>    | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>MARIANNA FL</b>            | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>PCD</b>                    | 41 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       | <b>RICHARDSON, CHARLES E.</b> | 42 NAME   | <b>ROY L. GILMORE</b>   |
| STREET ADDRESS             | <b>4327 KELSON AVE.</b>       | 43 STREET ADDRESS                                     | <b>4627 COOK RD.</b>  |
| CITY - ST - ZIP            | <b>MARIANNA FL</b>            | 44 CITY - ST - ZIP                                    | <b>MARIANNA, FL. 32448</b>  |
| TITLE                      |                               | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |                               | 52 NAME   |   |
| STREET ADDRESS             |                               | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                               | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |                               | 62 NAME   |   |
| STREET ADDRESS             |                               | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 64 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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE: *Ray L. Gilmore* 4-12-95 (904) 482-3473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)