

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 # N17419 (5)
1. Corporation Name

TRINITY BAPTIST CHURCH OF MARIANNA, INC.



Principal Place of Business 3023 PENNSYLVANIA AVE. P. O. BOX 1068 MARIANNA FL 32446	Mailing Address 3023 PENNSYLVANIA AVE. P. O. BOX 1068 MARIANNA FL 32446
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3. Date Incorporated or Qualified 10/21/1986	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2319007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
25	26	27	28
29	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	6. Roland Rabon		
82 Street Address (P.O. Box Number is Not Acceptable)	4858 Donna Dr.		
83			
84 City	Marianna,	FL	85 Zip Code 32446

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: A. Roland Rabon DATE: 2-11-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM FIVEASH	1.2 NAME	TOM FIVEASH
STREET ADDRESS	4465 DECATUR STREET	1.3 STREET ADDRESS	4465 DECATUR ST,
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, BILLY	2.2 NAME	RAY CARROLL
STREET ADDRESS	3265 AZALEA RD.	2.3 STREET ADDRESS	5161 WOODGATE
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, GENE	3.2 NAME	
STREET ADDRESS	2263 FILLMORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY L GILMORE	4.2 NAME	ROY L. GILMORE
STREET ADDRESS	4627 COOK ROAD	4.3 STREET ADDRESS	4627 COOK ROAD
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Tom Fiveash Tom Fiveash DATE: 2/11/96 DAYTIME PHONE: 904/482-3774

CR2E037 (12/95)