

FILE NOW: FILING FEE IS \$61.25

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Feb 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N17419** (5)
1. Corporation Name
TRINITY BAPTIST CHURCH OF MARIANNA, INC.



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| 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 32446-1068 |
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| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2319007 | 3a. Date of Last Report 02/19/1996 |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | Applied For Not Applicable |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 3. Date Incorporated or Qualified 10/21/1986 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent RABON, G. ROLAND 4858 DONNA DRIVE 3023 PENNSYLVANIA 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 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: 2-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|-----------------------------------|---|---|
| TITLE PCD | NAME FIVEASH, TOM | 1.1 TITLE PCD | 1.2 NAME Gilmore, Roy L. |
| STREET ADDRESS 4465 DECATUR STREET | CITY-ST-ZIP MARIANNA FL | 1.3 STREET ADDRESS 4627 Cook Road | 1.4 CITY-ST-ZIP Marianna, Fl. 32448 |
| TITLE VPD | NAME CARROLL, RAY | 2.1 TITLE VPD | 2.2 NAME Daly, Russ |
| STREET ADDRESS 5161 WOODGATE | CITY-ST-ZIP MARIANNA FL | 2.3 STREET ADDRESS 3169 Club Drive | 2.4 CITY-ST-ZIP Marianna, Fl. 32446 |
| TITLE SD | NAME SHIRLEY, GENE | 3.1 TITLE SD | 3.2 NAME Gilmore, Darwin |
| STREET ADDRESS 2283 FILLMORE DRIVE | CITY-ST-ZIP MARIANNA FL | 3.3 STREET ADDRESS 4627 Cook Road | 3.4 CITY-ST-ZIP Marianna, Fl. 32448 |
| TITLE D | NAME GILMORE, ROY L. | 4.1 TITLE D | 4.2 NAME Howell, Edgar L. |
| STREET ADDRESS 4627 COOK ROAD | CITY-ST-ZIP MARIANNA FL | 4.3 STREET ADDRESS 3259 Bumnose Road | 4.4 CITY-ST-ZIP Marianna, Fl. 32446 |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edgar L. Howell* DATE: 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)