


FILE NOW: FILING FEE IS \$61.25

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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90030 012 ****61.25

11/10/93

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17419
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2319007
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RABON, G. ROLAND 4858 DONNA DRIVE 4228 KELSON AVE. MARIANNA FL 32446		81 Name	Rabon, G. Roland
		82 Street Address (P.O. Box Number is Not Acceptable)	4858 Donna Drive
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, EDGAR L.	1.2 NAME	Mitchell, John B.
STREET ADDRESS	3259 BUMPNOSE RD	1.3 STREET ADDRESS	4427 Woodbrook Drive
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, RAY	2.2 NAME	Standland, Jimmy
STREET ADDRESS	5164 WOODGATE	2.3 STREET ADDRESS	4373 Deering Street
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, DARWIN	3.2 NAME	Young, Steven T.
STREET ADDRESS	4627 COOK ROAD	3.3 STREET ADDRESS	4737 Scenic View Road
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, RUSS	4.2 NAME	Smith, Phillip
STREET ADDRESS	3169 CLUB DRIVE	4.3 STREET ADDRESS	4252 Laramore Road
CITY-ST-ZIP	MARIANNA FL 32446	4.4 CITY-ST-ZIP	Marianna, FL 32448
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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/26/99 (850) 482-8091
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)