

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90503 001 \*\*\*\*61.25  
02-25-2002 90503 002 \*\*\*\*\*8.75

DOCUMENT # N17419 ✓  
1. Entity Name  
**TRINITY BAPTIST CHURCH OF MARIANNA, INC.**

**DO NOT WRITE IN THIS SPACE**

14683

2. Principal Place of Business  
**3023 Pennsylvania Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 1068**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Marianna, FL**

City & State  
**Marianna, FL**

Zip  
**32446**

Country  
**USA**

Zip  
**32447**

Country  
**USA**

4. FEI Number  
**59-2319007**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**RABON, G. ROLAND**

Street Address (P.O. Box Number is Not Acceptable)  
**4858 Donna Drive**

City  
**Marianna, FL 32446**

City  
**FL** Zip Code

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.

SIGNATURE A. Roland Rabon DATE 2/6/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25 Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD MITCHELL, JOHN B 4427 Woodbrook Drive Marianna, FL 32446</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD STANDLAND, JIMMY 4373 Deering Street Marianna, FL 32446</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD YOUNG, STEVEN T 4737-Scenic-View-Road Marianna, FL 32446</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, PHILLIP 4252 Laramore Road Marianna, FL 32448</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John B Mitchell DATE: 2/6/02 TELEPHONE: 850-482-3705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)