

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2004
Secretary of State**

DOCUMENT# N17419

Entity Name: TRINITY BAPTIST CHURCH OF MARIANNA, INC.

Current Principal Place of Business:

3023 PENNSYLVANIA AVE.
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 1068
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-2319007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABON, G. ROLAND
4858 DONNA DRIVE
MARIANNA, FL 32446

Name and Address of New Registered Agent:

RABON, GEORGE R
4858 DONNA DRIVE
MARIANNA, FL 32446

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: G. ROLAND RABON 03/11/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MITCHELL, JOHN B
Address: 4427 WOODBROOK DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: VPD () Delete
Name: STANDLAND, JIMMY
Address: 4373 DEERING STREET
City-St-Zip: MARIANNA, FL 32446

Title: SD () Delete
Name: YOUNG, STEVEN T
Address: 4737 SCENIC VIEW ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: SMITH, PHILLIP
Address: 4252 LARAMORE ROAD
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. MITCHELL PCD 03/11/2004
Electronic Signature of Signing Officer or Director Date