


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business: **3023 PENNSYLVANIA AVE. MARIANNA FL 32446**  
 Mailing Address: **PO BOX 1068 MARIANNA FL 32447**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

1st MOORE CR2E037 (10/05)

4. FET Number: **59-2319007**

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent  
**RABON, GEORGE R**  
**4858 DONNA DRIVE**  
**MARIANNA FL 32446**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	PCD	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN B	
STREET ADDRESS	4427 WOODBROOK DRIVE	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STANDLAND, JIMMY	
STREET ADDRESS	4373 DEERING STREET	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNG, STEVEN T	
STREET ADDRESS	4737 SCENIC VIEW ROAD	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, PHILLIP	
STREET ADDRESS	4252 LARAMORE ROAD	
CITY - ST - ZIP	MARIANNA FL 32448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000424486  
 02/18/06-80053-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B Mitchell John B. Mitchell 2/4/06 526-1212  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #