


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90037 028 \*\*\*\*70.00

<b>DOCUMENT # N17419</b> 1. Entity Name TRINITY BAPTIST CHURCH OF MARIANNA, INC.	
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Principal Place of Business 3023 PENNSYLVANIA AVE. MARIANNA, FL 32446	Mailing Address PO BOX 1068 MARIANNA, FL 32447
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20007573



**DO NOT WRITE IN THIS SPACE**

01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2319007	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RABON, GEORGE R  
4858 DONNA DRIVE  
MARIANNA, FL 32446

**DO NOT WRITE  
IN THIS SPACE**

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 George R. Rabon George R. Rabon 2/12/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOHN B 4427 WOODBROOK DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STANDLAND, JIMMY 4373 DEERING STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, STEVEN T 4737 SCENIC VIEW ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Pete Gilmore 4641 The Oaks Drive Marianna, Fl 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Pete Gilmore Pete Gilmore 2/12/07 850-482-3705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #