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1995 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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-05/17/95--01143--015
*****70.00 *****70.00

DOCUMENT # **N47198** (9)

1. Corporation Name

THE TRINITY CHURCH OF GOD IN CHRIST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2309 N. STEWART ST. MILTON FL 32572 US	P. O. BOX 3607 MILTON FL 32570 US

3. Date Incorporated or Qualified: 02/06/1992
3a. Date of Last Report: 06/17/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

- **WALLACE, ODEST**
- **5351 CASSIE LANE**
- **MILTON FL 32583**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Odest Wallace Sr. Odest Wallace Sr. Odest Wallace Sr. 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE, ODEST, SR	12 NAME	
STREET ADDRESS	5351 CASSIE LN	13 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, ORA LEE	22 NAME	
STREET ADDRESS	4625 BLACKROAD RD	23 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MERRILL, DEBRA	32 NAME	
STREET ADDRESS	812 COLLEGE DR	33 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, BILLY G.	42 NAME	
STREET ADDRESS	RT 2 BOX 325	43 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COBB, GLENN R.	52 NAME	
STREET ADDRESS	199 MILLER RD APT 38	53 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WHITE, RAYMONDE	62 NAME	
STREET ADDRESS	153 EATON DR	63 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	64 CITY-ST-ZIP	

DD 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Odest Wallace Sr. Odest Wallace Sr. 4/26/95 904-626-1786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078414