


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47198					
1. Corporation Name THE TRINITY CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 2309 N. STEWART ST. MILTON FL 32572 US			Mailing Address P. O. BOX 3607 MILTON FL 32570 US		

99 MAY 13 AM 9:30

STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALLACE, ODEST 5351 CASSIE LANE MILTON FL 32583				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>John D Young Sr</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WALLACE, ODEST, SR		11 TITLE	D	BISHOP (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5351 CASSIE LN		12 NAME	John D Young SR	
CITY-ST-ZIP	MILTON FL		13 STREET ADDRESS	8346 SUNNYLANE	PENSACOLA FL 32514
TITLE	VD	<input checked="" type="checkbox"/> DELETE	14 CITY-ST-ZIP		
NAME	FREEMAN, ORA LEE		21 TITLE	D	Vice President
STREET ADDRESS	4625 BLACKROAD RD		22 NAME	ERIC S. PERKINS	
CITY-ST-ZIP	MILTON FL		23 STREET ADDRESS	103 JAVEL RD	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP	BAGDAD, FL	32583
NAME	MERRILL, DEBRA		31 TITLE	D	Treasurer
STREET ADDRESS	812 COLLEGE DR		32 NAME	Catherine Johnson	
CITY-ST-ZIP	MILTON FL		33 STREET ADDRESS	4718 Abbe Rd	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	34 CITY-ST-ZIP	MILTON FL	32583
NAME	FREEMAN, BILLY G.		41 TITLE		Secretary
STREET ADDRESS	RT 2 BOX 325		42 NAME	REBACCA M. ANDREWS	
CITY-ST-ZIP	MILTON FL		43 STREET ADDRESS	7550 HOLMES ST	
TITLE	D	<input checked="" type="checkbox"/> DELETE	44 CITY-ST-ZIP	MILTON, FL	32583
NAME	SMITH, FREDRICK S		51 TITLE		
STREET ADDRESS	1343 RULE ST		52 NAME		
CITY-ST-ZIP	PENSACOLA FL		53 STREET ADDRESS		
TITLE	D	<input checked="" type="checkbox"/> DELETE	54 CITY-ST-ZIP		
NAME	WHITE, RAYMONDE		61 TITLE		
STREET ADDRESS	153 EATON DR		62 NAME		
CITY-ST-ZIP	MILTON FL		63 STREET ADDRESS		
			64 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *John D Young Sr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0079937

CR2E037 (11/98)