

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 56

DOCUMENT # **N50161** (1)

1. Corporation Name
OSCEOLA TRINITY CHURCH OF GOD, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 01/24/1994
4. FEI Number 59-3051741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 1211 OCEAN ST. 101 MASSACHUSETTS STREET ST. CLOUD FL 34769 Kissimmee, FL 34744-2938		Mailing Address 1393 WOOD LAKE CIRCLE ST. CLOUD FL 34772	
21. Principal Place of Business 1211 OCEAN ST.	2a. Mailing Address	22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State Kissimmee, FL	27. City & State	24. Zip 34744-2938	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**BUTLER, ROBERT A.
1393 WOOD LAKE CIRCLE
ST. CLOUD FL 34772**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
D	BUTLER, LES 1337 WOOD LAKE CIRCLE ST. CLOUD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	HAIRE, STANLEY E 2560 SAMPLE ST. KISSIMMEE FL 34744	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	OWENS, LLOYD 3225 CLEVELAND HEIGHTS LAKELAND FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TRUSTEE OWENS, Lloyd 3225 Cleveland Heights Lakeland, FL. (Please omit).
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR