

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003403 (3)

1. Corporation Name

FIRST TRINITY NEW BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**16047 N.W. 37TH TERRACE
REDDICK FL 32686**

**P.O. BOX 87
REDDICK FL 32686**

3. Date Incorporated or Qualified

07/23/1993

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 18252 N. U.S. Hwy. 441

26 P.O. Box 760

4. FEI Number

59-3216277

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orange Lake

27 Reddick

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 Florida

28 FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25 Marion

29 32686

30 Marion

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINON, JUANITA D
15655 N.W. 47TH COURT
REDDICK FL 32686**

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 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

Rev. Juanita D. McKinon

(NOTE: Registered Agent signature required when reinstating)

4/14/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCKINON, JAMES L SR.**
STREET ADDRESS **16047 N.W. 37TH TERRACE**
CITY-ST-ZIP **REDDICK FL 32686**

1.1 TITLE **T** **President (P)** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MCKINON, JUANITA D**
STREET ADDRESS **16047 N.W. 37TH TERRACE**
CITY-ST-ZIP **REDDICK FL 32686**

2.1 TITLE **T** **Managing Director (M)** ☐ Change ☐ Addition
2.2 NAME **and Registered Agent**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PERDUE, ROSE M**
STREET ADDRESS **1151 GOTTCHE AVENUE**
CITY-ST-ZIP **EUSTIS FL 32726**

3.1 TITLE **T** **Vice President (V)** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D** **POTTS, JOHN M** ☐ Change ☒ Addition
4.2 NAME **1151 GOTTCHE AVE.**
4.3 STREET ADDRESS **EUSTIS, FL. 32726**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

800001833218

*****61.25**

5-21-96
REP

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. James L. McKinon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

Date

620-7587

Daytime Phone #

CR2E037 (12/95)