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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003403 (3)

1. Corporation Name

FIRST TRINITY NEW BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

18252 NORTH US HIGHWAY
ORANGE LAKE FL

P.O. BOX 760
REDDICK FL 32686-0760



3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 16047 N.W. 37th Terrace
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Reddick, FL
Zip

28 Zip

24 32686

25 Country

29 Zip

30 Country

4. FEI Number
59-3216277

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

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
15855 N.W. 47TH COURT
REDDICK FL 32686

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16047 N.W. 37th Terrace

83

84 City
Reddick

FL

85 Zip Code
32686

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 *Juanita D. McKinon*

Signature typed or printed name of registered agent and the filer if applicable

(NOTE: Registered Agent; signature required when reinstating)

DATE

5/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPT
NAME PERDUE, ROSE M
STREET ADDRESS 1151 GOTTCHE AVENUE
CITY-ST-ZIP EUSTIS FL 32726

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME POTTS, JOHN IV
STREET ADDRESS 1151 GOTTCHE AVENUE
CITY-ST-ZIP EUSTIS FL 32726

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

CR2E037 (9/96)