


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 16047 N.W. 37 Terrace Reddick, Fl. 32686		Mailing Address P.O. BOX 67 Lowell, Fl. 32663-0067	
2. Principal Place of Business 21 16047 N.W. 37th Terrace Suite, Apt. #, etc. 22 City & State 23 Reddick, Fl. Zip 24 32686		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 07/23/1993		4. FEI Number 59-3216277	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCKINON, JUANITA D 16047 N.W. 37th Terrace Reddick, Fl. 32686		10. Name and Address of New Registered Agent 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 Rev. Juanita D. McKinson 4/19/98 <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS TITLE PT <input type="checkbox"/> DELETE NAME MCKINON, JAMES L. SR. STREET ADDRESS 16047 N.W. 37th Terrace CITY-ST-ZIP Reddick, Fl. 32686 TITLE MDT <input type="checkbox"/> DELETE NAME MCKINON, JUANITA D. STREET ADDRESS 16047 N.W. 37th Terrace CITY-ST-ZIP Reddick, Fl. 32686 TITLE VPT <input type="checkbox"/> DELETE NAME MCKINON, Zebidiah (James, Jr.) STREET ADDRESS 16047 N.W. 37th Terrace CITY-ST-ZIP Reddick, Fl. 32686 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE VPT <input checked="" type="checkbox"/> DELETE NAME PERDUE ROSE M STREET ADDRESS 1151 GOTTSCHE AVE. CITY-ST-ZIP EUSTIS, FL. 32726 TITLE B <input checked="" type="checkbox"/> DELETE NAME POTTS, JOHN IV STREET ADDRESS 1151 GOTTSCHE AVE. CITY-ST-ZIP EUSTIS, FL. 32726		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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. SIGNATURE: James Lee McKinson 4/19/98-352-591-4246 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (10/97)