

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003403

1. Entity Name

FIRST TRINITY NEW BAPTIST CHURCH, INC.

Principal Place of Business

16074 N.W. 37TH TERRACE  
REDDICK FL 32686  
US

Mailing Address

P.O. BOX 67  
LOWELL FL 32663-0067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINON, JUANITA D  
16047 NW 37TH TERRACE  
REDDICK FL 32686

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Juanita D McKinon*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
ZEBIDIAH, MCKINON  
16074 N.W. 37TH TERRACE  
REDDICK FL 32686 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James L McKinon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90129 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216277  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2F037 (9/99)