

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90012 039 \*\*\*\*61.25

**DOCUMENT # N93000003403**

1. Entity Name

**FIRST TRINITY NEW BAPTIST CHURCH, INC.**

Principal Place of Business

**18074 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

4. FEI Number

**59-3216277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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)

*9/7/01*

DATE

**FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25**

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	PTD	<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	VPTD	<input type="checkbox"/> Delete
NAME	PERDUE, ROSE M	
STREET ADDRESS	1151 GOTTCHE AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, JOHN IV	
STREET ADDRESS	1151 GOTTCHE AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	ZEBIDIAH, MCKINON	
STREET ADDRESS	16074 N.W. 37TH TERRACE	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*

*9/7/01*

DATE

CR2E037 (5/01)