FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003868 (7)**

1. Corporation Name

TRINITY HOLINESS CHURCH INC.

Principal Place of Business	Mailing Address
10443 MONCRIEF DINSMONE ROAD JACKSONVILLE FL 32219	10443 MONCRIEF DINSMONE ROAD JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3200622 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 242 Holly Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 N/A
City & State 23	City & State 28 Jacksonville,Florida
Zip / Country 24 / 25	Zip / Country 29 32218 / 30 U.S.A.

9. Name and Address of Current Registered Agent

ULBRICH, ROBERT G
6802 N MAIN ST
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: James E. English
82 Street Address (P.O. Box Number is Not Acceptable): 220 Holly Ct.
83
84 City: Jacksonville **FL** 85 Zip Code: 32218

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James E.English — James E English
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revocating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	CASTLE, TOMMY G SR	12 NAME		
STREET ADDRESS	242 HOLLY CT	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	CASTLE, DEBORHA W	22 NAME		
STREET ADDRESS	242 HOLLY CT	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	CASTLE TOMMY G. JR. ,	32 NAME	James E.English	
STREET ADDRESS	242 HOLLY CT.	33 STREET ADDRESS	220 Holly Ct.	
CITY-ST-ZIP	JAX FL 32218	34 CITY-ST-ZIP	Jax.Fl.32218	
TITLE	T	41 TITLE	Tr	☒ Change ☐ Addition
NAME	CASTLE, AMY R.,	42 NAME	Virginia M.English	
STREET ADDRESS	242 HOLLY CT.	43 STREET ADDRESS	220 Holly Ct.	
CITY-ST-ZIP	JAX FL 32218	44 CITY-ST-ZIP	Jax.Fl.32218	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	CASTLE, DAVID M. JR ,	52 NAME		
STREET ADDRESS	216 HOLLY CT.	53 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32218	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Tommy G.Castle Sr.P — Tommy G Castle Sr P — 5-1-95 — 904 752-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #