

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003868 (7)

1. Corporation Name

TRINITY HOLINESS CHURCH INC.

Principal Place of Business

10443 MONCRIEF DINSMORE ROAD
JACKSONVILLE FL 32219

Mailing Address

242 HOLLY CT
JACKSONVILLE FL 32218
US



2. Principal Place of Business

21 242 Holly Ct.

Suite, Apt. #, etc.

22 Jacksonville FL

City & State

23 32218 25 Duval

Zip Country

2a. Mailing Address

26 242 Holly Ct.

Suite, Apt. #, etc.

28 Jacksonville FL

City & State

29 32218 30 Duval

Zip Country

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3200622

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional

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

ENGLISH, JAMES E
220 HOLLY CT
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CASTLE, TOMMY G SR
STREET ADDRESS 242 HOLLY CT
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DELETE

TITLE ST
NAME CASTLE, DEBORHA W
STREET ADDRESS 242 HOLLY CT
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DELETE

TITLE V
NAME ENGLISH, JAMES E
STREET ADDRESS 220 HOLLY CT
CITY-ST-ZIP JAX FL ☐ DELETE

TITLE T
NAME ENGLISH, VIRGINIA M
STREET ADDRESS 220 HOLLY CT
CITY-ST-ZIP JAX FL ☐ DELETE

TITLE T
NAME CASTLE, DAVID M. JR.,
STREET ADDRESS 216 HOLLY CT.
CITY-ST-ZIP JAX FL 32218 ☒ DELETE

TITLE T
NAME Springer, Crystal G.
STREET ADDRESS 216 Holly Ct.
CITY-ST-ZIP Jax, FL 32218 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

V Castle, Deborah W. ☒ Change ☐ Addition

242 Holly Ct.
Jacksonville, FL 32218

T English, James E. ☒ Change ☐ Addition

220 Holly Ct.
Jacksonville, FL 32218

☐ Change ☐ Addition

T Larson, Reva F. ☐ Change ☒ Addition

216 Holly Ct. Jax, FL 32218

100001866481 ☐ Change ☐ Addition

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***70.00

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)(k), 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:

Tommy G. Castle Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 1996 904
714-2498
Daytime Phone

CR2E037 (12/95)