

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

242 HOLLY CT
JACKSONVILLE FL 32218242 HOLLY CT
JACKSONVILLE FL 32218-38163. Date Incorporated or Qualified
08/23/19933a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 28892

4. FEI Number
59-3200622Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Jacksonville FL

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24

25

29 32226

30 Duval

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLISH, JAMES E
220 HOLLY CT
JACKSONVILLE FL 32218

81 Name

Reva F. Larson

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

216 Holly Ct.

83

XXXXXXXXXXXXXXX

84

City

Jacksonville

FL

85 Zip Code

32218

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: REVA F. LARSON

(NOTE: Registered Agent signature required when reappointing)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CASTLE, TOMMY G SR
STREET ADDRESS 242 HOLLY CT
CITY - ST - ZIP JACKSONVILLE FL 32218☐ DELETE11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change ☐ AdditionTITLE V
NAME CASTLE, DEBORHA W
STREET ADDRESS 242 HOLLY CT
CITY - ST - ZIP JACKSONVILLE FL 32218☐ DELETE21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ AdditionTITLE T
NAME ENGLISH, JAMES E
STREET ADDRESS 220 HOLLY CT
CITY - ST - ZIP JAX FL 32218☒ DELETE31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☒ AdditionTITLE T
NAME ENGLISH, VIRGINIA M
STREET ADDRESS 220 HOLLY CT
CITY - ST - ZIP JAX FL☒ DELETE41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☒ AdditionTITLE T
NAME LARSON, REVA F
STREET ADDRESS 216 HOLLY CT.
CITY - ST - ZIP JAX FL 32218☐ DELETE51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ AdditionTITLE T
NAME SPRINGER, CRYSTAL G
STREET ADDRESS 216 HOLLY CT.
CITY - ST - ZIP JAX FL 32218☐ DELETE61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

14. I do 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:

Tommy G. Castle

4-16-97

004
696-8814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 10005787

CR2E037 (9/96)