


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 242 HOLLY CT JACKSONVILLE FL 32218	Mailing Address P.O. BOX 28892 JACKSONVILLE FL 32226 US
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3. Date Incorporated or Qualified 08/23/1993	
4. FEI Number 59-3200622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent LARSON, REVA F 216 HOLLY CT. JACKSONVILLE FL 32218	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P CASTLE, TOMMY G SR
STREET ADDRESS	242 HOLLY CT
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> DELETE
NAME	V CASTLE, DEBORHA W
STREET ADDRESS	242 HOLLY CT
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> DELETE
NAME	T CASTLE, HERSEL A
STREET ADDRESS	242 HOLLY CT
CITY-ST-ZIP	JAX FL
TITLE	<input type="checkbox"/> DELETE
NAME	T SALYER, DANNY G
STREET ADDRESS	242 HOLLY CT.
CITY-ST-ZIP	JAX FL
TITLE	<input type="checkbox"/> DELETE
NAME	T LARSON, REVA F
STREET ADDRESS	216 HOLLY CT.
CITY-ST-ZIP	JAX FL 32218
TITLE	<input type="checkbox"/> DELETE
NAME	T SPRINGER, CRYSTAL G
STREET ADDRESS	216 HOLLY CT.
CITY-ST-ZIP	JAX FL 32218

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURES *Tommy G Castle* *4-27-98* *904-693-2309*

CR2E037 (10/97)