

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90080 014 \*\*\*\*70.00

DOCUMENT # N93000003868

1. Corporation Name

Trinity Holiness Church Inc. *NC*

Principal Place of Business

Mailing Address

PO Box 28892  
Jacksonville Fl.  
32226-8892

2. Principal Place of Business

21 729 2nd Street

Suite, Apt. #, etc.

22

City & State

23 Chipley Fl.

Zip Country

24 32428

25 USA

2a. Mailing Address

26 729 2nd Street

Suite, Apt. #, etc.

27

City & State

28 Chipley Florida

Zip

29 32428

Country

30 U.S.A.

3. Date Incorporated or Qualified

August 23, 1993

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

9. Name and Address of Current Registered Agent

Reva F. Larsen  
216 Holly Court  
Jacksonville, Florida  
32218

10. Name and Address of New Registered Agent

81 Name

82 Robbie F. Crews

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

927 Avent Rd.

84 City

Chipley Fl. 32428

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

Robbie Crews

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

(NOTE: Registered Agent's signature required when reinstating)

030299

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME Tommy G. Castle ☐ DELETE  
STREET ADDRESS 729 2nd St.  
CITY-ST-ZIP Chipley Florida 32428

TITLE V/T  
NAME Castle Deborah ☐ DELETE  
STREET ADDRESS 729 2nd Street  
CITY-ST-ZIP Chipley Fl. 32428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME T  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE T  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME T  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE T  
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, with all other like empowered.

SIGNATURE:

*Tommy G. Castle* Tommy G. Castle P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

850-438-7604

Daytime Phone #

CR2E037 (1/98)