

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003868

1. Entity Name

TRINITY HOLINESS CHURCH INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90304 021 \*\*\*\*70.00

Principal Place of Business

Mailing Address

729 2ND ST  
CHIPLEY FL 32428  
US

729 2ND ST  
CHIPLEY FL 32428-1787  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3200622

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREWS, ROBBIE F  
927 AVENT RD  
CHIPLEY FL 32428

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Robbie F. Crews

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

Robbie F. Crews

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS CASTLE, TOMMY G SR  
CITY-ST-ZIP 729 2ND ST  
CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VT  
STREET ADDRESS CASTLE, DEBORHA W  
CITY-ST-ZIP 729 2ND ST  
CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ROBERGE, JULIA  
CITY-ST-ZIP 729 2ND ST  
CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BOLIN, LOUISE  
CITY-ST-ZIP PO BOX 673  
BONIFAY FL 32425

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CREWS, ROBBIE F  
CITY-ST-ZIP 927 AVENT RD  
CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS GUNSALLUS, SANDRA  
CITY-ST-ZIP 1063 ROCK CIR  
COTTONDALE FL 32431

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tommy G Castle SR 4/28/00 850 638-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)