

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 28, 2001 8:00 am**  
**Secretary of State**

06-28-2001 90001 005 \*\*\*\*70.00

**DOCUMENT # N93000003868**

1. Entity Name

**TRINITY HOLINESS CHURCH INC.**

Principal Place of Business

729 2ND ST  
 CHIPLEY FL 32428  
 US

Mailing Address

729 2ND ST  
 CHIPLEY FL 32428  
 US

2. Principal Place of Business

**2151 A No. Highway 79**  
 Suite, Apt. #, etc.

3. Mailing Address

**2151 A No. Highway 79**  
 Suite, Apt. #, etc.

City & State

**Bonifay FL**

Zip  
**32425**

Country

**USA**

City & State

**Bonifay FL**

Zip  
**32425**

Country

**USA**

4. FEI Number

**59-3200622**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CREWS, ROBBIE F**  
**927 AVENT RD**  
**CHIPLEY FL 32428**

7. Name and Address of New Registered Agent

Name **Louise Bolin**

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

**1063 Rock Cir.**

City **Cottondale F**

FL

Zip Code

**32431**

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

**Louise W. Bolin**

**Louise W. Bolin**

**6-24-01**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTLE, TOMMY G SR	
STREET ADDRESS	729 2ND ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CASTLE, DEBORHA W	
STREET ADDRESS	729 2ND ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERGE, JULIA	
STREET ADDRESS	729 2ND ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOLIN, LOUISE	
STREET ADDRESS	PO BOX 673	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CREWS, ROBBIE F	
STREET ADDRESS	927 AVENT RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUNSALLUS, SANDRA	
STREET ADDRESS	1063 ROCK CIR	
CITY-ST-ZIP	COTTONDALE FL 32431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castle, Tommy G. SR.	
STREET ADDRESS	2151 No. Highway 79	
CITY-ST-ZIP	Bonifay FL 32425	
TITLE	V.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castle, Deborah W	
STREET ADDRESS	2151 No. Highway 79	
CITY-ST-ZIP	Bonifay FL 32425	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberge, Julia	
STREET ADDRESS	2151 No. Highway 79	
CITY-ST-ZIP	Bonifay FL 32425	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy R. Castle	
STREET ADDRESS	2151 A. No. Highway 79	
CITY-ST-ZIP	Bonifay FL 32425	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.** **6-24-01** **850-547-5594**

0016390

CR2E037 (10/00)