

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003868

1. Entity Name

TRINITY HOLINESS CHURCH INC.

Principal Place of Business

2151 A NO. HIGHWAY 79
BONIFAY FL 32425
US

Mailing Address

2151 A NO. HIGHWAY 79
BONIFAY FL 32425
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

BOLIN, LOUISE
1063 ROCK CIRCLE
COTTONDALE FL 32431

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|--------------------|-----------------------|---------------------|--------------------------|--------------------------|
| | CASTLE, TOMMY G SR | 2151 NO. HIGHWAY 79 | BONIFAY FL 32425 | <input type="checkbox"/> | <input type="checkbox"/> |
| | CASTLE, DEBORHA W | 2151 NO. HIGHWAY 79 | BONIFAY FL 32425 | <input type="checkbox"/> | <input type="checkbox"/> |
| | ROBERGE, JULIA | 2151 NO. HIGHWAY 79 | BONIFAY FL 32425 | <input type="checkbox"/> | <input type="checkbox"/> |
| | BOLIN, LOUISE | PO BOX 673 | BONIFAY FL 32425 | <input type="checkbox"/> | <input type="checkbox"/> |
| | CASTLE, AMY R | 2151 A NO. HIGHWAY 79 | BONIFAY FL 32425 | <input type="checkbox"/> | <input type="checkbox"/> |
| | GUNSALLUS, SANDRA | 1063 ROCK CIR | COTTONDALE FL 32431 | <input type="checkbox"/> | <input type="checkbox"/> |

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-02 547-4501

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)