

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90238 039 \*\*\*\*70.00

<b>DOCUMENT # N93000003868</b>					
<b>1. Entity Name</b> TRINITY HOLINESS CHURCH INC.					
<b>Principal Place of Business</b> 609 W. KANSAS AVE BONIFAY, FL 32425 US			<b>Mailing Address</b> 609 W. KANSAS AVE BONIFAY, FL 32425 US		
<b>2. Principal Place of Business</b> 3040 N. Lane Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3040 N. Lane Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville FLA		<b>City &amp; State</b> Jacksonville FL		<b>4. FEI Number</b> 59-3200622	
<b>Zip</b> 32254		<b>Country</b> Duval		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOLIN, LOUISE 1063 ROCK CIRCLE COTTONDALE, FL 32431				<b>7. Name and Address of New Registered Agent</b> Name: David Castle Street Address (P.O. Box Number is Not Acceptable): 3042 Lane Ave North City: Jacksonville FL Zip Code: 32254	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>David Castle</u> <u>4-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May-1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> CASTLE, TOMMY G SR <b>STREET ADDRESS</b> 2151 NO. HIGHWAY 79 <b>CITY-ST-ZIP</b> BONIFAY, FL 32425	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VT <b>NAME</b> CASTLE, DEBORHA W <b>STREET ADDRESS</b> 2151 NO. HIGHWAY 79 <b>CITY-ST-ZIP</b> BONIFAY, FL 32425	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> ROBERGE, JULIA <b>STREET ADDRESS</b> 2151 NO. HIGHWAY 79 <b>CITY-ST-ZIP</b> BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> David M. Castle <b>NAME</b> 3042 N. Lane Ave <b>STREET ADDRESS</b> Jacksonville FL <b>CITY-ST-ZIP</b> 32254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BOLIN, LOUISE <b>STREET ADDRESS</b> PO BOX 673 <b>CITY-ST-ZIP</b> BONIFAY, FL 32425	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> CASTLE, AMY R <b>STREET ADDRESS</b> 2151 A NO. HIGHWAY 79 <b>CITY-ST-ZIP</b> BONIFAY, FL 32425	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GUNSALLUS, SANDRA <b>STREET ADDRESS</b> 1063 ROCK CIR <b>CITY-ST-ZIP</b> COTTONDALE, FL 32431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Culbreath, Vanice <b>STREET ADDRESS</b> 3042 N. Lane Ave <b>CITY-ST-ZIP</b> JAX. FL 32254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Tommy Castle</u> <u>4-14-04</u> <u>904</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					