

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003868

FILED
May 24, 2005
Secretary of State

Entity Name: TRINITY HOLINESS CHURCH INC.

Current Principal Place of Business:

3040 N LANE AVE.
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

3040 N LANE AVE.
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-3200622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTLE, DAVID
3042 LANE AVE. NORTH
JACKSONVILLE, FL 32254 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTLE, TOMMY G SR
Address: 2151 NO. HIGHWAY 79
City-St-Zip: BONIFAY, FL 32425

Title: VT () Delete
Name: CASTLE, DEBORHA W
Address: 2151 NO. HIGHWAY 79
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: CASTLE, DAVID M
Address: 3042 N LANE AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: T () Delete
Name: BOLIN, LOUISE
Address: PO BOX 673
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: CASTLE, AMY R
Address: 2151 A NO. HIGHWAY 79
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: CULBREATH, JANICE
Address: 3042 N LANE AVE.
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY G. CASTLE

P

05/24/2005

Electronic Signature of Signing Officer or Director

Date