2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006
Secretary of State

DOCUMENT# N93000003868

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:

3042 N LANE AVE.
JACKSONVILLE, FL 32254 US

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:

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

Name and Address of New Registered Agent:

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: P (X) Change ( ) Addition
Name: CASTLE, TOMMY G SR
Address: 3042 LANE AVE NO.
City-St-Zip: JACKSONVILLE, FL 32254

Title: VT (X) Change ( ) Addition
Name: CASTLE, DEBORHA W
Address: 3042 LANE AVE NO.
City-St-Zip: JACKSONVILLE, FL 32254

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 Chapter 119, 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 SR. P 06/06/2006

Electronic Signature of Signing Officer or Director — Date