

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002312

FILED
Jan 11, 2009
Secretary of State

Entity Name: TRINITY FREEWILL BAPTIST CHURCH, INC.

Current Principal Place of Business:

1840 N.E. 39TH BOULEVARD
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

1840 N.E. 39TH BOULEVARD
OKEECHOBEE, FL 34972

New Mailing Address:

1840 N.E. 39TH BOULEVARD
OKEECHOBEE, FL 34972 US

FEI Number: 65-0517428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEES, THOMAS M
1854 N.E. 54TH TRAIL
OKEECHOBEE, FL 34972 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: D () Delete
Name: MOORE, BRYAN
Address: 2721 NE 6TH CT
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: DEES, THOMAS M JR
Address: 17045 HIGHWAY 441 N
City-St-Zip: OKEECHOBEE, FL

Title: T () Delete
Name: PAYNE, JAMES
Address: 6585 NE 10TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: DT () Delete
Name: LEWIS, SAMUEL
Address: 6480 N.E. 10TH LANE
City-St-Zip: OKEECHOBEE, FL

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:

I hereby certify that the information supplied with this filing does not qualify 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: BRYAN MOORE

DEA

01/11/2009

Electronic Signature of Signing Officer or Director

Date