

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004896 (6)

1. Corporation Name

TRINITY GOSPEL CHURCH, INC.



Principal Place of Business

1010 E BUSCH BLVD
TAMPA FL 33612

Mailing Address

P.O. BOX 292245
TAMPA FL 33687

3. Date Incorporated or Qualified
09/29/1994

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6522 N. 43rd St

26 same

4. FEI Number
59-3268116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA, FL

24 33610

Country

25 Hillsborough

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNN, STEPHEN A
1010 E BUSCH BLVD
TAMPA FL 33612

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME NUNN, STEPHEN A
STREET ADDRESS 1010 E BUSCH BLVD
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P NUNN, STEPHEN A
1.3 STREET ADDRESS 4528 TARPON DR.
1.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE ☐ DELETE
NAME BREWER, RONALD
STREET ADDRESS 9419 N BROOKS
CITY-ST-ZIP TAMPA FL 33612

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D BREWER, RONALD
2.3 STREET ADDRESS 2206 E CHESEA
2.4 CITY-ST-ZIP TAMPA, FL 33610

TITLE ☐ DELETE
NAME LINDSEY, DARRELL
STREET ADDRESS 14425 HELENIC PL APT L-13
CITY-ST-ZIP TAMPA FL 33613

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D LINDSEY, DARRELL
3.3 STREET ADDRESS 3302 RIVERGROVE DR
3.4 CITY-ST-ZIP TAMPA, FL 33610

TITLE ☐ DELETE
NAME WILLIAMS, LEO
STREET ADDRESS 4409 DOLPHIN DR
CITY-ST-ZIP TAMPA FL 33617

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T LINDSEY, TERRY
5.3 STREET ADDRESS 8504 W. RIVERCHASE DR
5.4 CITY-ST-ZIP TEMPLE TERRACE, FL 33637

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/96 (813) 989-2495

CR2E037 (12/95)