## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004896 (6)					
TRINITY GOSPEL CHURCH, INC.				}	
Immi	I GOOFEE OHONOH, ING	•		L CONTROL DIN FORM DINGS WOULD NOW AND SERVICE OF	FILE BUILDE (BUILD HOFF)   BEN 1001
Principal Plac	e of Business	Mailing Address	<del> </del>	t imberiet nie julii didit mett antii asiit adili at	erri mama antim füllib gest immt
6522 NORTH 43RD STREET P.O. BOX 292245				3. Date Incorporated or Qualified	
TAMPA FL 33610			09/29/1994		
1 63		ยง		4. FEI Number	Applied For
				59-3268116	Not Applicable
<u> </u>	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28			No
Zip	Country	Zip 3	Country	8. This corporation owes or has paid the cur	rent year Intangible ☐ Yes ☐ No
241	9. Name and Address of Curr		80	Personal Property Tax due June 30.  10. Name and Address of New Registered A	
ggi Niana					
NUNN, STEPHEN A			82 Street Add	IVAN OTELHEN H.  Iress (P.O. Box Number is Not Acceptable)	·
7144 EA	ST BANK DRIVE		4	528 TARPON DR.	
TAMPA I	FL 33617		83		
			84 City		85 Zip Code
31 Durant	to the previsions of Sections 617.06	500 and 617 1500 Florida Statutor	the above served ass	AMPA FL	s 330//
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 legistered 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 pf, Section 617.0503, Florida Statutes.					
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		tenten A. Am		1-6-98	
SIGNATURE		150160 th 1001	Registered Agent signature requi	Ired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: NO DIRECTORS	Registered Agent signature requi	2 1-6-75	DIRECTORS IN 12
SIGNATURE 12.	Significant, typed or printed name of registered a OFFICERS A	agent and title if applicable. (NOTE:	Registered Agent signature requi	Ired when reinstating) DATE	
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I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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:

**FILED** 

Feb 04 1998 8:00am

Secretary of State