


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000004896 (6)**

1. Corporation Name

**TRINITY GOSPEL CHURCH, INC.**

Principal Place of Business

**6522 NORTH 43RD STREET  
TAMPA FL 33610  
US**

Mailing Address

**P.O. BOX 292245  
TAMPA FL 33687  
US**

3. Date Incorporated or Qualified

**09/29/1994**

4. FEI Number

**59-3268116**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUNN, STEPHEN A  
7144 EAST BANK DRIVE  
TAMPA FL 33617**

81 Name

**NUNN, STEPHEN A.**

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

**4528 TARPON DR.**

83

84 City

**TAMPA**

FL

85 Zip Code

**33617**

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

*Stephen A. Nunn*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-6-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>P</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>NUNN, STEPHEN A</b>   |                                 |
| STREET ADDRESS | <b>4528 TARPON DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33617</b>    |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>BREWER, RONALD</b>    |                                 |
| STREET ADDRESS | <b>2206 EAST CHELSEA</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33610</b>    |                                 |

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>LINDSEY, DARRELL</b>      |                                 |
| STREET ADDRESS | <b>3302 RIVERGROVE DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33610</b>        |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>D</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>WILLIAMS, LEO</b>   |                                 |
| STREET ADDRESS | <b>4409 DOLPHIN DR</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33617</b>  |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>T</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>LINDSEY, TERYL</b>       |                                 |
| STREET ADDRESS | <b>7144 EAST BANK DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL</b>             |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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: *Wendy Lindsey* **WIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/98**

**(813) 348-7837**

CR2E037 (10/97)