

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 # N95000005967 (3)

1. Corporation Name

TRINITY MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**5353 S.W. 17TH TERRACE
GAINESVILLE FL 32608**

Mailing Address

**5353 S.W. 17TH TERRACE
GAINESVILLE FL 32608**

3. Date Incorporated or Qualified
12/16/1995

3a. Date of Last Report
NA

2. Principal Place of Business

21 5353 SW 17th Terrace

Suite, Apt. #, etc.

22

City & State

23 Gainesville, FL

Zip

24 32608

Country

25 Alachua

2a. Mailing Address

26 5353 SW 17th Terrace

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32608

Country

30 Alachua

4. FEI Number
Applied for

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

9. Name and Address of Current Registered Agent

**TAYLOR, WALLACE L III
5353 S.W. 17TH TERRACE
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

*1. 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

Wallace L. Taylor III

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

(NOTE: Registered Agent signature required when reinstating)

5/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TAYLOR, WALLACE L III**
STREET ADDRESS **5353 S.W. 17TH TERRACE**
CITY - ST - ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ DELETE

NAME **GARDNER, LINSEY**
STREET ADDRESS **4209 S.W. 23RD ST.**
CITY - ST - ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ DELETE

NAME **GARDNER, ERNESTINE**
STREET ADDRESS **4209 S.W. 23RD ST.**
CITY - ST - ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

900001875949
-06/26/96--01047--016
*****61.25**

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:

Linsay Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

3789637
Daytime Phone #

CR2E037 (12/95)