


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Merikam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005967 (3)**

1. Corporation Name

**TRINITY MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business <b>5353 S.W. 17TH TERRACE GAINESVILLE FL 32608</b>	Mailing Address <b>5353 S.W. 17TH TERRACE GAINESVILLE FL 32608-5003</b>
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2. Principal Place of Business <b>21 5353 SW 17th Terrace</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 5353 SW 17th Terrace</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/16/1995</b>		3a. Date of Last Report <b>06/25/1996</b>	
22 City & State <b>23 Gainesville, FL</b>		27 City & State <b>28 Gainesville, FL</b>		4. FEI Number <b>APPLIED FOR 59-3349154</b>		Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>32608</b>		25 Country <b>Alachua</b>		29 Zip <b>32608</b>		30 Country <b>Alachua</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>TAYLOR, WALLACE L III 5353 S.W. 17TH TERRACE GAINESVILLE FL 32608</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 *Wallace L. Taylor III* **3/1/97**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAYLOR, WALLACE L III</b>			1.2 NAME			
STREET ADDRESS	<b>5353 S.W. 17TH TERRACE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARDNER, LINSEY</b>			2.2 NAME			
STREET ADDRESS	<b>4209 S.W. 23RD ST.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARDNER, ERNESTINE</b>			3.2 NAME			
STREET ADDRESS	<b>4209 S.W. 23RD ST.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)