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Oct 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

5353 SW 17TH TERR
GAINESVILLE FL 32608
US

5353 SW 17TH TERR
GAINESVILLE FL 32608-5003
US

2. Principal Place of Business

2a. Mailing Address

21 Trinity Missionary Baptist
Suite, Apt. #, etc.

26 5353 SW 17th Terrace
Suite, Apt. #, etc.

22 City & State

27 City & State
28 Gainesville, FL

23 Zip Country

29 32608 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/16/1995

4. FEI Number

59-3349154

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Linsey Gardner, Wallace L. Taylor III 1/25/98 352-375-0241

CR2607 (10/97)