


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 96000001126

1. Corporation Name
**TRINITY FREE WILL BAPTIST CHURCH OF
LAKELAND INC.**

Principal Place of Business 430 LONGFELLOW BLVD LAKELAND FL 33801	Mailing Address 9240 MOORE RD LAKELAND FL 33809
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2. Principal Place of Business 21 430 LONGFELLOW BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 9240 MOORE RD Suite, Apt. #, etc.
22 City & State 23 LAKELAND FL. Zip Country 24 33801 25 US	27 City & State 28 LAKELAND FL Zip Country 29 33809 30 US

3. Date Incorporated or Qualified FEBRUARY 28, 1996	3a. Date of Last Report FEBRUARY 28, 1996
4. FEI Number 59-324 54 08	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**TROY T. TUCKER
9240 MOORE RD
LAKELAND FL 33809**

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
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DIT
STREET ADDRESS		1.3 STREET ADDRESS	TROY TUCKER
CITY-ST-ZIP		1.4 CITY-ST-ZIP	9240 MOORE RD LAKELAND, FL, 33809
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D
STREET ADDRESS		2.3 STREET ADDRESS	ROY Bethune
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1944 SPARKMAN RD PLANT CITY, FL. 33566
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	Cecil Jones
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1110 N RUTH AVE LAKELAND FL 33805
TITLE	<input checked="" 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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002217322
STREET ADDRESS		5.3 STREET ADDRESS	-06/19/97-01081-020
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
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.

SIGNATURE: Troy T. Tucker Treasurer JUNE 16-97 (941) 858-6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TROY T. TUCKER TREASURER

CR2E037 (9/96)