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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001126

1. Corporation Name

TRINITY FREE WILL BAPTIST CHURCH OF LAKE LAND INC

Principal Place of Business
430 LONGFELLOW BLVD.
LAKE LAND FL 33801

Mailing Address
9240 MOORE RD.
LAKE LAND FL 33809



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3245408

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, TROY
9240 MOORE RD.
LAKE LAND FL 33809

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 DT ☐ DELETE
NAME TUCKER, TROY
STREET ADDRESS 9240 MOORE RD.
CITY-ST-ZIP LAKE LAND FL 33809

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

TITLE D ☐ DELETE
NAME BETHUNE, ROY
STREET ADDRESS 1944 SPARKMAN RD.
CITY-ST-ZIP PLANT CITY FL 33566

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

TITLE D ☐ DELETE
NAME JONES, CECIL
STREET ADDRESS 1110 N. RUTH AVE.
CITY-ST-ZIP LAKE LAND FL 33805

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

TITLE D ☐ DELETE
NAME FAIRLESS, BILLIE
STREET ADDRESS 1510 W ARIANA ST LOT 222
CITY-ST-ZIP LAKE LAND FL 33803

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

(941) 858-6907

Daytime Phone #

CR2E037 (1/98)