

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001126

1. Entity Name

TRINITY FREE WILL BAPTIST CHURCH OF LAKE LAND INC

Principal Place of Business

430 LONGFELLOW BLVD.
LAKE LAND FL 33801

Mailing Address

3240 MOORE RD.
LAKE LAND FL 33809-1663

2. Principal Place of Business

9240 MOORE RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Land FL

City & State

4. FEI Number

59-3245408

Applied For

Not Applicable

Zip

33809-1663

Country

POLY

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, TROY
9240 MOORE RD.
LAKE LAND FL 33809

7. Name and Address of New Registered Agent

Name Jerry P. Williams Sr.

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

4103 Three Oaks Rd.

Plant City

FL

38565

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jerry P. Williams Sr.
Signature, typed or printed name of registered agent and title if applicable.

TREASURER

(NOTE: Registered Agent signature required when reinstating)

2-4-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DT
NAME TUCKER, TROY
STREET ADDRESS 9240 MOORE RD.
CITY-ST-ZIP LAKE LAND FL 33809 ☒ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME Jerry P. Williams Sr.
STREET ADDRESS 4103 Three Oaks Rd.
CITY-ST-ZIP Plant City, FL 38565 ☐ Change ☒

TITLE DEACON
NAME NDRAM JONES
STREET ADDRESS P.O. Box 839
CITY-ST-ZIP Kathleen FL 33849 ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry P. Williams Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90040 028 ****61.25



DO NOT WRITE IN THIS SPACE