
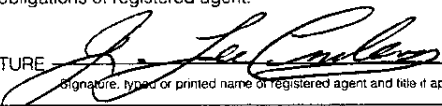



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90042 015 ****61.25

DOCUMENT # N96000001126 1. Entity Name TRINITY FREE WILL BAPTIST CHURCH OF LAKE LAND INC.					
Principal Place of Business 2649 MINEOLA DRIVE LAKE LAND FL 33801			Mailing Address 2649 MINEOLA DRIVE LAKE LAND FL 33801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3245408 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CURLES, LEE 2638 RALPH RD LAKE LAND FL 33801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> J. Lee Curles Treasurer </div> <div style="text-align: center;"> 3-3-04 DATE <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
D	BETHUNE, ROY	1940 SPARKMAN ROAD	PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	JONES, CECIL	1110 N. RUTH AVE.	LAKE LAND FL 33805	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	JONES, RAYMOND	5126-TURTLE DOVE-TRAIL	LAKE LAND FL 33810	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LEE, CURLES	2638 RALPH RD	LAKE LAND FL 33801	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	PRICE, CHRIS	1125 S. HANKIN RD	BARTOW FL 33830	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  J. Lee Curles <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-3-04 <small>Date</small>	
				863-669-9582 <small>Daytime Phone #</small>	