2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2008 08:00 A Secretary of State **DOCUMENT # N97000000709** TRINITY BAPTIST CHURCH OF LAKELAND, **INCORPORATED** Principal Place of Business Mailing Address 6633 OLD HIGHWAY 37 6633 OLD HIGHWAY 37 LAKELAND, FL 33813 LAKELAND, FL 33813 01152008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3354022 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENDERSON, STEPHEN B REV. DO NOT WRITE 2524 CREWS LAKE HILLS LOOP NORTH LAKELAND, FL 33813 IN THIS SPACE 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 register SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS PD TITLE NAME HENDERSON, STEPHEN B REV. STREET ADDRESS 2524 CREWS LAKE HILLS LOOP NORTH CITY-ST-ZIP LAKELAND, FL 33813 SD TITLE 01/24/08-80005-006 61.25 NAME WARD, CYNTHIA L STREET ADDRESS 1143 LONGWOOD OAKS BLVD. CITY-ST-ZIP LAKELAND, FL 33811 TITLE NAME RYSE DELBERT STREET ADDRESS 1610 REYNOLDS ROAD DO NOT WRITE CITY-ST-ZIP LAKELAND, FL 33801 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trystee 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08 (863) 709-1009

FILED