

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90113 004 \*\*\*\*61.25

**DOCUMENT # N97000000709**

1. Entity Name  
**TRINITY BAPTIST CHURCH OF LAKELAND, INCORPORATED**



Principal Place of Business Mailing Address  
**6633 OLD HIGHWAY 37 LAKELAND FL 33813**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3354022**  **Applie For**  
 **Not Applicable**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HENDERSON, STEPHEN B REV.  
6633 OLD HYW 37  
LAKELAND FL 33811**

**7. Name and Address of New Registered Agent**

Name **Stephen B. Henderson**  
Street Address (P.O. Box Number is Not Acceptable) **2524 CRENS LAKE HILLS LOOP N.**  
City **LAKELAND** FL Zip Code **33813**

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.

SIGNATURE DATE **4/10/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **PD**  Delete  
NAME **HENDERSON, STEPHEN B REV.**  
STREET ADDRESS **4802 TIERRA ALTA COURT**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PD**  Change  Addition  
NAME **STEPHEN B. HENDERSON**  
STREET ADDRESS **2524 CRENS LAKE HILLS LOOP NORTH**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **TD**  Delete  
NAME **MOORE, LARRY**  
STREET ADDRESS **1234 LONGWOOD OAKS BLVD**  
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **TD**  Change  Addition  
NAME **LARRY T. WESTMAN**  
STREET ADDRESS **12201 COLONIAL MANOR PLACE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD**  Delete  
NAME **WARD, CYNTHIA L**  
STREET ADDRESS **1143 LONGWOOD OAKS BLVD.**  
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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: DATE **4/10/03**

CR2E037 (10/02)