

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003452

1. Entity Name

HOLY TRINITY CHURCH OF GOD, INC.

Principal Place of Business

2502 GREYWALL AVENUE
ORLANDO FL 34761

Mailing Address

2502 GREYWALL AVENUE
ORLANDO FL 34761-8932

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3487144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, WILBERT A
2502 GREYWALL AVENUE
ORLANDO FL 34761

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME ELLIOTT, WILBERT A
STREET ADDRESS 2502 GREYWALL AVENUE
CITY-ST-ZIP ORLANDO FL 34761

TITLE D ☐ Delete
NAME ELLIOTT, GEORGIA P
STREET ADDRESS 2502 GREYWALL AVENUE
CITY-ST-ZIP ORLANDO FL 34761

TITLE D ☐ Delete
NAME NICHOLSON, JEANETH
STREET ADDRESS 6501 VERNON ST
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Delete
NAME SALHAB, EILEEN
STREET ADDRESS 2524 DOVETAIL DR
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Signature of Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90050 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)