02201999-90111-016-$61.25-$61.25

# FILED
# Feb 20, 1999 8:00 am
# Secretary of State
02-20-1999 90111 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N98000002590

1. Corporation Name
TRINITY TEMPLE CHURCH OF CHRIST WRITTEN IN HEAVE N, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 540 ELM AVE<br>PANAMA CITY FL 32401 | 540 ELM AVE<br>PANAMA CITY FL 32401 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 | 26 | 05/06/1998 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number: 59-355-3421 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. Name and Address of Current Registered Agent

ARMSTEAD, ROSA
540 ELM AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ARMSTEAD, ROSA | | 1.2 NAME | | |
| STREET ADDRESS | 1234 MARTIN LUTHER KING BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ARMSTEAD, DAVID L | | 2.2 NAME | | |
| STREET ADDRESS | 1234 MARTIN LUTHER KING BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRANKLIN, JOHN | | 3.2 NAME | | |
| STREET ADDRESS | 1014 HAMILTON AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ABRAHAM, WILLIE | | 4.2 NAME | | |
| STREET ADDRESS | 2125 E 8TH ST | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROSE, CHRISTOPHER | | 5.2 NAME | | |
| STREET ADDRESS | 12532 APALOOSA WAY | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32404 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRAZIER, JOHN | | 6.2 NAME | | |
| STREET ADDRESS | 120 CLAIRE AVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rosa S Armstead REQUIRED Rosa Armstead 2-10-99 850-785-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #