

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90082 029 \*\*\*\*61.25

**DOCUMENT # N98000002590**

1. Entity Name

**TRINITY TEMPLE CHURCH OF CHRIST WRITTEN IN HEAVE**

Principal Place of Business

Mailing Address

**540 ELM AVE  
PANAMA CITY FL 32401****540 ELM AVE  
PANAMA CITY FL 32401-4337****C0009172**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3553421**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMSTEAD, ROSA  
540 ELM AVE  
PANAMA CITY FL 32401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **ARMSTEAD, ROSA**  
STREET ADDRESS **1234 MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **PANAMA CITY FL 32401**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ARMSTEAD, DAVID L**  
STREET ADDRESS **1234 MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **PANAMA CITY FL 32401**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **FRANKLIN, JOHN**  
STREET ADDRESS **1014 HAMILTON AVE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ABRAHAM, WILLIE**  
STREET ADDRESS **2125 E 8TH ST**  
CITY-ST-ZIP **PANAMA CITY FL 32401**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ROSE, CHRISTOPHER**  
STREET ADDRESS **12532 APALOOSA WAY**  
CITY-ST-ZIP **PANAMA CITY FL 32404**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **FRAZIER, JOHN**  
STREET ADDRESS **120 CLAIRE AVE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**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:

**ROSENA ARMSTEAD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-19-2000**  
Date**850-785-0260**  
Daytime Phone #

C-32E037 (9/99)