

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000002590**

1. Entity Name

*Trinity Temple Church of Christ Written
IN Heaven, Inc.*

Principal Place of Business

Mailing Address

*540 Elm Ave
Panama City, FL 32401*

*P.O. Box 281
Gretna, FL 32332*

FILED

01 APR 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3553421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Mary L. Holloman
~~P.O. Box 281~~ 24 Parks Street
Gretna, FL 32332*

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

Mary L. Holloman Mary L. Holloman -

4/30/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>Mary L. Holloman</i>	<i>P.O. Box 281</i>	<i>Gretna, FL 32332</i>	<input type="checkbox"/>
	<i>Deacon D</i>	<i>David Armstead</i>	<i>1234 Martin Luther King BLVD</i>	<input type="checkbox"/>
	<i>Willie Abraham</i>	<i>2125 E 8th St.</i>	<i>Panama City, FL 32401</i>	<input type="checkbox"/>
	<i>Larry Dinkins</i>	<i>1234 Martin Luther King BLVD</i>	<i>Panama City, FL 32332</i>	<input type="checkbox"/>
	<i>Abraham, Betty</i>	<i>2125 E 8th St.</i>	<i>Panama City, FL 32401</i>	<input type="checkbox"/>
	<i>O Lee Horace Holloman</i>	<i>P.O. Box 281</i>	<i>Gretna, FL 32332</i>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Mary L. Holloman Mary L. Holloman

4/30/01

850-856-5044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)