

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90080 018 ****70.00

DOCUMENT # N98000002590

1. Entity Name

**TRINITY TEMPLE CHURCH OF CHRIST WRITTEN IN HEAVE
N, INC.**



Principal Place of Business

**540 ELM AVE
PANAMA CITY FL 32401**

Mailing Address

**P.O. BOX 281
GRETNA FL 32332**

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 **59-3553421**

Applied 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

7. Name and Address of New Registered Agent

**HOLLOMAN, MARY L
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOMAN, MARY L	
STREET ADDRESS	P.O. BOX 281	
CITY-ST-ZIP	GRETNA FL 32332	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTEAD, DAVID L	
STREET ADDRESS	1234 MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, WILLIE	
STREET ADDRESS	2125 E 8TH ST	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, BETTY	
STREET ADDRESS	2125 E 8TH ST	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINKINS, LARRY	
STREET ADDRESS	1406 S. BERTHE AVE #R-1	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOMAN, LEE H	
STREET ADDRESS	P.O. BOX 281	
CITY-ST-ZIP	GRETNA FL 32332	

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

Mary L Holloman **Mary L Holloman** 1/29/03 850-856-5044

CR2E037 (10/02)