

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002080

1. Entity Name

TRINITY MINISTRIES CHURCH INC.

Principal Place of Business

Mailing Address

13081 WHITMORE RD.  
JACKSONVILLE FL 32258

13081 WHITMORE RD.  
JACKSONVILLE FL 32258-2253

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

59-355-3461

Applied For

Not Applied For

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

BRINSON, JIMMY JR  
13081 WHITMORE RD.  
JACKSONVILLE FL 32258

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 reappointing)

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 **PT**  Delete  
NAME BRINSON, JIMMIE JR  
STREET ADDRESS 13081 WHITMORE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE **T**  Change  Add  
NAME EARL Greene Sr.  
STREET ADDRESS 8244 Merivale Road  
CITY-ST-ZIP Jacksonville, Florida 32208

TITLE **VP T**  Delete  
NAME HARRIS, JAMES  
STREET ADDRESS 11517 BIRCHFOREST CIRCLE E  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST**  Delete  
NAME WALKER, ANNETTE  
STREET ADDRESS 1305 E. THIRD STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
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:

*Jimmy Brinson Jr* JIMMIE BRINSON JR 114 Road 262-3968  
1-904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR -1 AM 10:00

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

906402



DO NOT WRITE IN THIS SPACE