## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007673

Address:

City-St-Zip:

TOWNEY DENITE OOOTAL TABED

FILED Sep 08, 2004 Secretary of State

Entity Name: TRINITY PENTECOSTAL TABERNACLE INC. **Current Principal Place of Business: New Principal Place of Business:** 2299 BONNETT POND ROAD 5279 HWY 77 CHIPLEY, FL 32428 CHIPLEY, FL 32428 **Current Mailing Address: New Mailing Address:** PO BOX 471 CHIPLEY, FL 32428 FEI Number: 59-3622049 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYETT, HARVEY WILLOUGHBY, LAWRENCE A REV 2299 BONNETT POND ROAD 4215 CRYSTAL LAKE DRIVE CHIPLEY, FL 32428 CHIPLEY, FL 32428 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: LAWRENCE WILLOUGHBY 09/08/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLOUGHBY, LAWRENCE A Name: Name: 4215 CRYSTAL LAKE DRIVE Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MASHBURN, KEITH Name: BROCK, ANGUS Name: Address: PO BOX 128 Address: 3800 MASHBURN DRIVE City-St-Zip: VERNON, FL 32462 City-St-Zip: VERNON, FL 32462 Title: () Delete Title: () Change () Addition JENKINS, GREG Name: Name: Address: PO BOX 670 Address: City-St-Zip: VERNON, FL 32462 City-St-Zip: (X) Change ( ) Addition Title: () Delete Title: Name: BOYETT, HARVEY Name: PETTIS, N.B. 2299 BONNETT POND ROAD Address: Address: P.O. BOX 305 City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: WAUSAU, FL 32463 Title: () Delete Title: ( ) Change (X) Addition OWENS, GERALD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

P.O. BOX 217

WAUSAU., FL 32463

SIGNATURE: LAWRENCE WILLOUGHBY P 09/08/2004