

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007673

FILED
Feb 25, 2011
Secretary of State

Entity Name: TRINITY PENTECOSTAL TABERNACLE INC.

Current Principal Place of Business:

5279 HWY 77
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

PO BOX 940
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3622049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASTRO, VICTOR J
716 HEAVENER LANE
SOUTHPORT, FL 32409 US

Name and Address of New Registered Agent:

SCHOMER, SUSANNE M
14439 OLD SPIKES ROAD
SOUTHPORT, FL 32409 US

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: SUSANNE M. SCHOMER

02/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST
Name: SCHOMER, SUSANNE M
Address: 14439 OLD SPIKES ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: V
Name: SCHOMER, BRETT
Address: 14439 OLD SPIKES ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: P
Name: ELDRIDGE, LYNNE
Address: 5136 KAITLIN TRAIL
City-St-Zip: CHIPLEY, FL 32428

Title: BC
Name: MASTRO, VICTOR J
Address: 715 HEAVENER LANE
City-St-Zip: SOUTHPORT, FL 32409

I hereby 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 all other like empowered.

SIGNATURE: SUSANNE M. SCHOMER

ST

02/25/2011

Electronic Signature of Signing Officer or Director

Date