

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007673

FILED  
Jan 29, 2012  
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:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
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

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date