

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 22, 2012**  
**Secretary of State**

DOCUMENT# N99000007673

**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: B  
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

Title: P  
Name: MCFATTER, MICHAEL  
Address: 2302 PENTLAND RD  
City-St-Zip: LYNN HAVEN, FL 32444

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

09/22/2012

Electronic Signature of Signing Officer or Director

Date