

N199000007673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

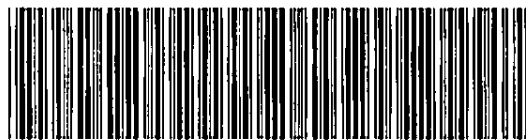
(Business Entity Name)

(Document Number)

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2018 OCT 26 PM 3:45  
SECURITY STATE  
FALL HAVEN, FLORIDA

RA/change

OCT 26 2018  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trinity Pentecostal Tabernacle  
Name of Corporation

**DOCUMENT NUMBER:** N99000007673

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobby Haddock

Name of Contact Person

Trinity Pentecostal Tabernacle

Firm/Company

P. O. Bo 132

Address

Wausau, FL 32463

City/State and Zip Code

office@trinitypt.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Haddock

Name of Contact Person

at ( 850 ) 773-5777

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2018

BOBBY HADDOCK  
TRINITY PENTECOSTAL TABERNACLE INC  
P.O. BOX 132  
WAUSAU, FL 32463

SUBJECT: TRINITY PENTECOSTAL TABERNACLE INC.  
Ref. Number: N99000007673

We have received your document for TRINITY PENTECOSTAL TABERNACLE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 318A00020500

RECEIVED

2018 OCT 26 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Trinity Pentecostal Tabernacle
2. The principal office address: 5279 Hwy 77, Chipley, FL 32428
3. The mailing address (if different): P. O. Box 132, Wausau, FL 32463
4. Date of incorporation/qualification: 10/22/1999 Document number: N99000007673
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned Michael McFatter

3359 Antler Trail

Chipley, FL 32428

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephen Pettijohn Jr

5279 Hwy 77

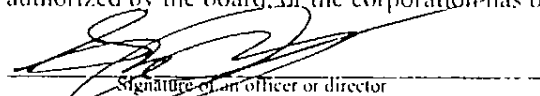
P.O. Box NOT acceptable

Chipley, FL 32428

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2018 OCT 26 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

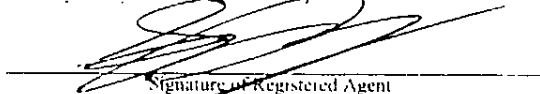
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Pastor Stephen Pettijohn Jr

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

10-23-18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Stephen Pettijohn Jr

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***