

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 703325

**Entity Name:** TRINITY BAPTIST CHURCH OF APOPKA, INC.

**Current Principal Place of Business:**

1022 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**Current Mailing Address:**

1022 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**FEI Number:** 59-1560421

**Certificate of Status Desired:** No

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

BEALE, LE ROY  
1302 LAVANHAM CT  
APOPKA, FL 32712 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HARRIS, KENNY  
Address 4630 SLOEWOOD COURT  
City-State-Zip: MT DORA FL 32757

Title P  
Name BEALE, LE ROY  
Address 1302 LAVANHAM CT  
City-State-Zip: APOPKA FL 32712

Title D  
Name HOLLINGSSED, BILL SR  
Address 3955 COHEN DRIVE  
City-State-Zip: ZELLWOOD FL 32798

Title TREASURER  
Name PHILIP, MAXWELL  
Address 25645 LIDO AVE  
City-State-Zip: SORRENTO FL 32776

Title DIRECTOR  
Name LONG, JOHN  
Address 1123 HIGHLAND ACRES DRIVE  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name WALKER, DAVE  
Address 1830 NEEDHAM ROAD  
City-State-Zip: APOPKA FL 32712

Title SECRETARY  
Name JOHN, PEERY  
Address 451 KNIGHTSWOOD DRIVE  
City-State-Zip: APOPKA FL 32712

*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:** CAMMIE P EVANS

**BUSINESS  
ADMINISTRATOR**

**08/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date