

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001175

Entity Name: TRINITY BAPTIST COLLEGE, INC.**Current Principal Place of Business:**800 HAMMOND BOULEVARD
JACKSONVILLE, FL 32221**Current Mailing Address:**800 HAMMOND BOULEVARD
JACKSONVILLE, FL 32221**FEI Number:** 41-2270181**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, ROBERT LIII
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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 PD
Name MESSER, THOMAS C
Address 8974 MOSEY ALONG COURT
City-State-Zip: JACKSONVILLE FL 32221

Title D.
Name LEE, TIM DR.
Address P.O. BOX 461674
City-State-Zip: GARLAND TX 75046

Title D.
Name DAVIS, DANIEL MR.
Address 9301 CRYSTAL SPRINGS RD.
City-State-Zip: JACKSONVILLE FL 32221

Title DIRECTOR
Name LONG, DAVID
Address 2251 ROSSELLE STREET
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name MAC, HEAVENER JR.
Address 1172 EMILY'S WALK LANE W.
City-State-Zip: JACKSONVILLE FL 32221

Title D.
Name WALLS, JERRY DR.
Address 1040 SOUTH HOUSTON LAKE RD.
City-State-Zip: WARNER ROBINS GA 31088

Title DIRECTOR
Name HOMES, LOCKWOOD
Address 8323 RAMONA BLVD. W.
City-State-Zip: JACKSONVILLE FL 32221

Title DIRECTOR
Name CARR, TOMMY
Address 9833 CRESSWELL LANE
City-State-Zip: JACKSONVILLE FL 32221

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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: THOMAS C. MESSER**PRESIDENT****01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER , JIM
Address 320-A VILLAGE DRIVE
City-State-Zip: ST. AUGUSTINE FL 32095-9075

Title DIRECTOR
Name GREENE, WILLIAM M.
Address 1090 KNOLL DRIVE W.
City-State-Zip: JACKSONVILLE FL 32221