Entity Name: TRINITY BAPTIST CHURCH OF LAKELAND, INCORPORATED	Secretary of State
Current Principal Place of Business: 6633 OLD HIGHWAY 37 LAKELAND, FL 33811	5755777355CC
Current Mailing Address:	
POST OFFICE BOX 6232 LAKELAND, FL 33807-6232	
FEI Number: 59-3354022 Certific	cate of Status Desired: No
Name and Address of Current Registered Agent:	
SMITH, GLENN 3555 BLUEBERRY DRIVE LAKELAND, FL 33811 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: GLENN SMITH	
	, or both, in the State of Florida. 03/20/2020 Date
SIGNATURE: GLENN SMITH	03/20/2020
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent	03/20/2020
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail :	03/20/2020 Date
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail : Title TD Name SMITH, GLENN Name HARRIS,	03/20/2020 Date
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail : Title TD Name SMITH, GLENN Name HARRIS,	03/20/2020 Date , RON FFICE BOX 6232
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail : Title TD Name SMITH, GLENN Address POST OFFICE BOX 6232	03/20/2020 Date , RON FFICE BOX 6232
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail : Title TD Name SMITH, GLENN Address POST OFFICE BOX 6232 City-State-Zip: LAKELAND FL 33807-6232	03/20/2020 Date , RON FFICE BOX 6232
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail : Title TD Name SMITH, GLENN Address POST OFFICE BOX 6232 City-State-Zip: LAKELAND FL 33807-6232 Title PD	03/20/2020 Date , RON FFICE BOX 6232
SIGNATURE: GLENN SMITH Electronic Signature of Registered Agent Officer/Director Detail : Title TD Name SMITH, GLENN Address POST OFFICE BOX 6232 City-State-Zip: LAKELAND FL 33807-6232 Title PD Name GRAINGER, LLOYD M.	03/20/2020 Date , RON FFICE BOX 6232

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000709

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: GLENN SMITH

TREASURER

03/20/2020

FILED Mar 20, 2020

Electronic Signature of Signing Officer/Director Detail