

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# N01000005839

Entity Name: TRINITY OUTREACH MINISTRY, INC.

Current Principal Place of Business:

3901 SW 47TH AVE.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

4131 N.W. 79TH AVENUE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1065675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEWELL, TANESHA
7457 N.W. 34TH STREET
LAUDERHILL, FL 33319 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: D () Delete
Name: MONTIQUE, JEAN
Address: 4131 N.W. 79TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: MONTAQUE, DHAIMA
Address: 7457 N.W. 34TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: T () Delete
Name: GORDON, HYLTON
Address: 18001 NW 8TH AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: SEWELL, ORION C
Address: 4131 N.W. 79TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEAN MONTIQUE

D

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date