


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N35086 (0)
1. Corporation Name
TRINITY BELIEVERS' FELLOWSHIP, INC.



Principal Place of Business % ANNA S. BARTON 1171 SUNSET STRIP SUNRISE FL 33313 US	Mailing Address % ANNA S. BARTON 1171 SUNSET STRIP SUNRISE FL 33313 US
--	--

3. Date Incorporated or Qualified
11/03/1989

4. FEI Number
59-2990507

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BARTON, ANNA S.
5540 SW 13TH ST
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LUTCHMAN, MICHAEL	
STREET ADDRESS	3220 N.W. 8TH AVE., #202	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, GRACE	
STREET ADDRESS	3251 RIVERLAND RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARTON, ANNA S	
STREET ADDRESS	5540 S.W. 13TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PIERCE, GRACE	
STREET ADDRESS	3251 RIVERLAND RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, DAVID W	
STREET ADDRESS	5300 SW 10TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, APRIL	
STREET ADDRESS	4431 TREEHOUSE LANE, APT. D	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID F BARTON
2.3 STREET ADDRESS	5540 SW 13 ST
2.4 CITY-ST-ZIP	PLANTATION FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHIRLEY LUTCHMAN
5.3 STREET ADDRESS	3220 NW 8 AVE #202
5.4 CITY-ST-ZIP	SUNRISE FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna S. Barton* ANNA S BARTON 4/1/98 (954) 587-1735

CR2E037 (10/97)