

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90326 011 ****70.00

DOCUMENT # N35086
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2990507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BARTON, ANNA S.
 5540 SW 13TH ST
 PLANTATION FL 33317

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
T NAME: LUTCHMAN, MICHAEL STREET ADDRESS: 6290 N.W. 14 COURTS CITY-ST-ZIP: SUNRISE FL 33313	<input checked="" type="checkbox"/> Delete
T NAME: BARTON, DAVID F STREET ADDRESS: 5540 SW 13TH ST CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> Delete
T NAME: BARTON, ANNA S STREET ADDRESS: 5540 S.W. 13TH ST. CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> Delete
T NAME: PIERCE, GRACE STREET ADDRESS: 3251 RIVERLAND RD. CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> Delete
T NAME: LUTCHMAN, SHIRLEY STREET ADDRESS: 6290 N.W. 14 COURTS CITY-ST-ZIP: SUNRISE FL 33313	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P NAME: STEVE DELAWAR STREET ADDRESS: 2340 NW 138 DR CITY-ST-ZIP: SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T NAME: DANA DELAWAR STREET ADDRESS: 2340 NW 138 DR CITY-ST-ZIP: SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA S. BARTON 2-1-2001 954 587-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)