## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 14, 2002 8:00 am Secretary of State **DOCUMENT # N35086** 1. Entity Name TRINITY BELIEVERS' FELLOWSHIP. INC. 05-14-2002 90325 017 \*\*\*\*61.25 Principal Place of Business Mailing Address % ANNA S. BARTON % ANNA S. BARTON 1171) SUNSET STRIP 1171 SUNSET STRIP SUNRISE: FL= 33313 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2990507 Not Applicable Zip Country Country . \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTON, ANNA S. Street Address (P.O. Box Number is Not Acceptable) 5540 SW 13TH ST PLANTATION FL 33317 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition ☐ Change DELAWAR, STEVE NAME NAME 2340 NW 138 DR STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BARTON, DAVID F NAME NAME 5540 SW 13TH ST STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete = TITLE 🛫 - Change Addition BARTON, ANNA S NAME NAME 5540 S.W. 13TH ST. STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change PIERCE, GRACE NAME NAME STREET ADDRESS 3251 RIVERLAND RD. STREET ADDRESS CITY-ST-7P FT. LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DELAWAR, DANA NAME NAME 2340 NW 138 DR STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP CITY-ST-ZIP . ☐ Delete TITLE ☐ Change ☐ 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachympt with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP .