FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90047 035 ****61.25

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DOCUMENT # N97000005044

1. Corporation Name
TRINITY CARE MINISTRIES INC.

Principal Place of Business	Mailing Address
1021 WILD PINE ROAD MIMS FL 32754	1021 WILD PINE ROAD MIMS FL 32754

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

3. Date Incorporated or Qualifed
09/05/1997

4. FEI Number
59-3465436
☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

BUKOLA, OLU MR
~~201 MONROE AVENUE~~ 401 AUGUSTINE CT.
~~APT. 46-A~~ OVIEDO FL. 32765
~~MAITLAND FL 32751~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, B F J		1.2 NAME	
STREET ADDRESS	6065 LAKE CHARM CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-ST-ZIP	
TITLE	PMTR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ENEMCHUKWU, OBI		2.2 NAME	
STREET ADDRESS	91 GENEVA DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	
TITLE	TTR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEANS, GEORGE		3.2 NAME	
STREET ADDRESS	441 N CENTRAL ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765		3.4 CITY-ST-ZIP	
TITLE	STR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, CECILA A		4.2 NAME	
STREET ADDRESS	1021 WILD PINE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754		4.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, DOLPHUS		5.2 NAME	
STREET ADDRESS	25205 N LAKE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773		5.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BUKOLA, OLU		6.2 NAME	
STREET ADDRESS	~~201 MONROE AVE~~ 401 AUGUSTINE CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	~~MAITLAND FL 32751~~ OVIEDO FL 32765		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 receiver 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, with all other like empowered.

SIGNATURE: SIGNATURE FOR ENEMCHUKWU 2-16-99 (407) 366-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #