2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# N97000005044

Entity Name: TRINITY CARE MINISTRIES INC.

Current Principal Place of Business:

1021 WILD PINE ROAD
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

1021 WILD PINE ROAD
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-3465436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUKOLA, OLU MR
401 AUGUSTINE CT.
OVIEDO, FL 32765

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:	CTR	( ) Delete
Name:	WHEELER, B F J	
Address:	6065 LAKE CHARM CIR	
City-St-Zip:	OVIEDO, FL 32765	
Title:	PMTR	( ) Delete
Name:	ENEMCHUKWU, OBI	
Address:	91 GENEVA DR	
City-St-Zip:	OVIEDO, FL 32765	
Title:	TTR	( ) Delete
Name:	SMITH, JUDITH	
Address:	938 E BROADWAY	
City-St-Zip:	OVIEDO, FL 32765	
Title:	STR	( ) Delete
Name:	MONTGOMERY, CECILA A	
Address:	1021 WILD PINE RD	
City-St-Zip:	MIMS, FL 32754	
Title:	TR	( ) Delete
Name:	ALLEN, DOLPHUS	
Address:	25205 N LAKE DR	
City-St-Zip:	SANFORD, FL 32773	
Title:	TR	( ) Delete
Name:	BUKOLA, OLU	
Address:	401 AUGUSTINE CT.	
City-St-Zip:	OVIEDO, FL 32765	

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:	
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 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 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: OBI E ENEMCHUKWU   PMTR   04/05/2004

Electronic Signature of Signing Officer or Director   Date