

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005044

FILED
Mar 23, 2009
Secretary of State

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.
OVIDO, FL 32765 US

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: TR () Delete
Name: WHEELER, PATRICIA
Address: 225 LAKE DRIVE
City-St-Zip: OVIDO, FL 32765

Title: PMTR () Delete
Name: ENEMCHUKWU, OBI
Address: 1021 WILD PINE RD
City-St-Zip: MIMS, FL 32754

Title: TTR () Delete
Name: SMITH, JUDITH
Address: 938 E BROADWAY
City-St-Zip: OVIDO, 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: OVIDO, 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
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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 exemption stated in Chapter 119, 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: OBIENEMCHUKWU

PMTR

03/23/2009

Electronic Signature of Signing Officer or Director

Date