

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **701261** (0)

1. Corporation Name

**TRINITY CHURCH, INCORPORATED**

Principal Place of Business

**655 N W 125TH STREET  
NORTH MIAMI FL 33168**

Mailing Address

**655 N W 125TH STREET  
NORTH MIAMI FL 33168**



3. Date Incorporated or Qualified

**08/01/1960**

3a. Date of Last Report

**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESTON, CLYDE A REV  
655 N.W. 125TH STREET  
MIAMI FL 33168**

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 *[Signature]* (NOT APPLICABLE)

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **PRESTON, CLYDE A.**  
STREET ADDRESS **655 NW 125 ST**  
CITY-ST-ZIP **MIAMI FL 33168**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **MAALOUF, GEORGE**  
STREET ADDRESS **7009 N.W. 169TH ST.**  
CITY-ST-ZIP **MIAMI FL 33015**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS **GEORGE MAALOUF**  
2.4 CITY-ST-ZIP **7009 NW 169th St**  
**MIAMI FL 33015**

TITLE **S** ☐ DELETE  
NAME **BIGGS, VICTOR**  
STREET ADDRESS **10118 N.W. 41 ST**  
CITY-ST-ZIP **MIAMI FL 33178**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **SAJOUS, PRINCE**  
STREET ADDRESS **7800 NW 15 AVE.**  
CITY-ST-ZIP **MIAMI FL 33147**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **SAJOUS, PRINCE (TD)**  
4.3 STREET ADDRESS **7800 NW 15 AVE**  
4.4 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ DELETE  
NAME **SANON, SERGE**  
STREET ADDRESS **13743 N.E. 20TH PLACE #1**  
CITY-ST-ZIP **N. MIAMI FL 33181**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **SUTHARD, JAMES**  
STREET ADDRESS **505 NW 122ND ST.**  
CITY-ST-ZIP **N. MIAMI FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **SUTHARD, JAMES**  
6.4 CITY-ST-ZIP **505 NW 122ND ST**  
**N MIAMI FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

305-685-8923  
Daytime Phone #

CR2E037 (12/95)