


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **701261** (0)  
1. Corporation Name  
**TRINITY CHURCH, INCORPORATED**



|   |   |
|---|---|
| Principal Place of Business<br><b>655 N W 125TH STREET<br/>NORTH MIAMI FL 33168</b> | Mailing Address<br><b>655 N W 125TH STREET<br/>NORTH MIAMI FL 33168</b> |
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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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|---|--|--|
| 3. Date Incorporated or Qualified<br><b>08/01/1960</b>  | 4. FEI Number<br><b>59-1201093</b>   | Applied For<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>PRESTON, CLYDE A REV<br/>655 N.W. 125TH STREET<br/>MIAMI FL 33168</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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.

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|--|--|--|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) |  | DATE   |
| 12. OFFICERS AND DIRECTORS   |  |  |
| TITLE  | PC<br>PRESTON, CLYDE A.<br>655 NW 125 ST<br>MIAMI FL     | <input type="checkbox"/> DELETE  |
| TITLE  | D<br>MAALOUF, GEORGE<br>7009 N.W. 169TH ST.<br>MIAMI FL  | <input checked="" type="checkbox"/> DELETE                                   |
| TITLE  | S<br>BIGGS, VICTOR<br>10118 N.W. 41 ST<br>MIAMI FL 33178 | <input checked="" type="checkbox"/> DELETE                                   |
| TITLE  | DT<br>SAJOUS, PRINCE<br>7800 NW 15 AVE.<br>MIAMI FL      | <input type="checkbox"/> DELETE  |
| TITLE  | D<br>QUIDLEY, ROBERT<br>90 N.E. 132ND TERR<br>N MIAMI FL | <input type="checkbox"/> DELETE  |
| TITLE  | D<br>SUTHARD, JAMES<br>505 NW 122ND ST.<br>N. MIAMI FL   | <input type="checkbox"/> DELETE  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| 1.1 TITLE  | (D) HAMILTON, LINCOLN                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME   | 10420 N.W. 22 AVE  |  |
| 1.3 STREET ADDRESS   | MIAMI, FL 33147  |  |
| 1.4 CITY-ST-ZIP  |  |  |
| 2.1 TITLE  | D.T.   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME   | LAWRENCE LACY  |  |
| 2.3 STREET ADDRESS   | 14635 NE 14 AVENUE                                       |  |
| 2.4 CITY-ST-ZIP  | No. Miami, FL 33162                                      |  |
| 3.1 TITLE  | DS   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME   | MITCHELL, LESTER   |  |
| 3.3 STREET ADDRESS   | 15863 N.W. 11 STREET                                     |  |
| 3.4 CITY-ST-ZIP  | PERMANOEK PINES, FL 33028                                |  |
| 4.1 TITLE  | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME   | SAJOUS, PRINCE   |  |
| 4.3 STREET ADDRESS   | 7800 NW 15 AVE   |  |
| 4.4 CITY-ST-ZIP  | MIAMI, FL 33147  |  |
| 5.1 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME   |  |  |
| 5.3 STREET ADDRESS   |  |  |
| 5.4 CITY-ST-ZIP  |  |  |
| 6.1 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME   |  |  |
| 6.3 STREET ADDRESS   |  |  |
| 6.4 CITY-ST-ZIP  |  |  |

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.

SIGNATURE: *Clyde A. Preston* **CLYDE A. PRESTON** 1/23/98 (305) 685-8923

CR2E037 (10/97)