

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90026 046 ****61.25

DOCUMENT # 701261

1. Entity Name

TRINITY CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

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

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

D0062255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1201093

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKERSON, RICHARD P
 220 GOLDEN BEACH DR
 MIAMI FL 33168**

Name

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

City

FL

Zip Code

33160

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PC** ☒ Delete
 NAME **PRESTON, CLYDE A.**
 STREET ADDRESS **655 NW 125 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Sunday Akinbiyi**
 STREET ADDRESS **18542 NW 23rd Court**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ Delete
 NAME **HAMILTON, LINCOLN**
 STREET ADDRESS **10420 NW 22ND AVE**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **RICHARD WILKERSON (D)** ☐ Change ☒ Addition
 NAME **220 Golden Beach Drive**
 STREET ADDRESS **MIAMI FL 33168**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Michael G Gregory**
 STREET ADDRESS **4202 Meridian Dr**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **D** ☐ Delete
 NAME **QUIDLEY, ROBERT**
 STREET ADDRESS **90 N.E. 132ND TERR**
 CITY-ST-ZIP **N MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Lester Mitchell**
 STREET ADDRESS **15863 NW 11th Street**
 CITY-ST-ZIP **Pembroke Pines FL 33028**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **DANNY THOMAS**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-27-01

Date Daytime Phone #

CR2E037 (5/01)