

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701261

FILED
Apr 12, 2005
Secretary of State

Entity Name: TRINITY CHURCH, INCORPORATED

Current Principal Place of Business:

17801 NW 2ND AVENUE
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

PO BOX 680820
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1201093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILKERSON, RICHARD P
220 GOLDEN BEACH DR
MIAMI, FL 33168 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: D () Delete
Name: AKINBIYI, SUNDAY
Address: 18542 NW 23RD COURT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: HAMILTON, LINCOLN
Address: 10420 NW 22ND AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: SAJOUS, PRINCE
Address: 7800 NW 15 AVE.
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: HUGHES, TOM
Address: 17140 NW 12TH AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: SUTHARD, JAMES,
Address: 505 NW 122ND ST.
City-St-Zip: N. MIAMI, FL

Title: D () Delete
Name: WILKERSON, RICHARD
Address: 220 GOLDEN BEACH DRIVE
City-St-Zip: MIAMI, FL 33160

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 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: RICHARD WILKERSON

D

04/12/2005

Electronic Signature of Signing Officer or Director

Date