

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90373 041 ****70.00

DOCUMENT # 701261

1. Entity Name
TRINITY CHURCH, INCORPORATED



Principal Place of Business
**655 N W 125TH STREET
NORTH MIAMI FL 33168**

Mailing Address
**PO BOX 680820
MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1201093**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **AKINBIYI, SUNDAY**
STREET ADDRESS **18542 NW 23RD COURT**
CITY-ST-ZIP **MIAMI FL 33156**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Gregory**
STREET ADDRESS **4202 Meridian Ave**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Tom Hughes**
STREET ADDRESS **17140 NW 12th AVE**
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Johnny Berthold**
STREET ADDRESS **495 NE 158th Street**
CITY-ST-ZIP **MIAMI FL 33162**

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

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

TITLE **D** ☐ Delete
NAME **WILKERSON, RICHARD**
STREET ADDRESS **220 GOLDEN BEACH DRIVE**
CITY-ST-ZIP **MIAMI FL 33160**

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**

CR2E037 (10/02)