

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701261

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC1208621840**

**Entity Name:** TRINITY CHURCH, INCORPORATED

**Current Principal Place of Business:**

17801 NW 2ND AVENUE  
NORTH MIAMI, FL 33169

**Current Mailing Address:**

PO BOX 680820  
MIAMI, FL 33168

**FEI Number: 59-1201093**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WILKERSON, RICHARD P  
220 GOLDEN BEACH DR  
MIAMI, FL 33160 US

*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

**Officer/Director Detail :**

Title D  
Name MITCHELL, LESTER  
Address POST OFFICE BOX 680820  
City-State-Zip: MIAMI FL 33168

Title D  
Name BERTHOLD, JOHNNY  
Address 17801 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33169

Title D  
Name SAJOUS, PRINCE  
Address 17801 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33169

Title D  
Name HUGHES, TOM  
Address 17801 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33169

Title AS  
Name LONG, KLAUTRELLE  
Address 17801 NW 2ND AVE  
City-State-Zip: MIAMI FL 33169

Title DP  
Name WILKERSON, RICHARD  
Address PO BOX 680820  
City-State-Zip: MIAMI FL 33168

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD WILKERSON**

**DP**

**02/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date