

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005839

**Entity Name:** TRINITY OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

4131 NW 79TH AVENUE  
SUNRISE, FL 33351

**Current Mailing Address:**

4131 NW 79TH AVENUE  
SUNRISE, FL 33351

**FEI Number: 65-1065675**

**Certificate of Status Desired: No**

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

MONTIQUE, JEAN  
16401 SAPPHIRE BEND  
WESTON, FL 33331 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 P  
Name MONTIQUE, JEAN  
Address 16401 SAPPHIRE BEND  
City-State-Zip: WESTON FL 33331

Title T  
Name ACCOUNTING LINK USA - GUY SPERDUTO, CPA  
Address 8963 STIRLING ROAD, SUITE 101  
City-State-Zip: COOPER CITY FL 33328

Title D  
Name SEWELL, ORION C  
Address 16401 SAPPHIRE BEND  
City-State-Zip: WESTON FL 33331

Title C  
Name SEWELL, TASHELLE K  
Address 4131 NW 79TH AVENUE  
City-State-Zip: SUNRISE FL 33351

Title SECRETARY  
Name SEWELL, TANESHA A  
Address 7457 NW 34 STREET  
City-State-Zip: LAUDERHILL FL 33319

Title DIRECTOR  
Name REID, ROY  
Address P.O. BOX 238  
City-State-Zip: SAVLAMAR WESTMORELAND

*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: JEAN MONTIQUE**

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date