## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005839

Entity Name: TRINITY OUTREACH MINISTRY, INC.

**FILED** Apr 30, 2015 **Secretary of State** CC9474538663

## **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 Title

MONTIQUE, JEAN ACCOUNTING LINK USA - GUY Name Name

> SPERDUTO, CPA 16401 SAPPHIRE BEND

Address 8963 STIRLING ROAD, SUITE 101 WESTON FL 33331 City-State-Zip:

COOPER CITY FL 33328 City-State-Zip:

Title D

Address

Title SEWELL, ORION C Name

Name SEWELL, TASHELLE K Address 16401 SAPPHIRE BEND Address 4131 NW 79TH AVENUE

City-State-Zip: WESTON FL 33331 City-State-Zip: SUNRISE FL 33351

Title **SECRETARY** Title DIRECTOR

Name SEWELL, TANESHA A Name REID, ROY 7457 NW 34 STREET Address

Address P.O. BOX 238

City-State-Zip: LAUDERHILL FL 33319 City-State-Zip: SAVLAMAR WESTMORELAND

Title ASST. SECRETARY

GREENWOOD, KATHLEEN Name

Address LOT 209

HATSFIELD HOUSING SCHEME

City-State-Zip: SAVANNA-LA-MAR 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.

04/30/2015 SIGNATURE: JEAN MONTIQUE **PRESIDENT**