

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005300

Entity Name: TRINTOLOGY MINISTRIES, INC.**Current Principal Place of Business:**1450 BRICKELL BAY DR.
MIAMI, FL 33133**Current Mailing Address:**1450 BRICKELL BAY DR.
MIAMI, FL 33133**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	BURNS, FLOSSIE
Address	PO BOX 420667
City-State-Zip:	HOUSTON TX 77342

Title	D
Name	HALE, PETER R
Address	7191 VINELAND AVE. #322
City-State-Zip:	ORLANDO FL 32821

Title	S
Name	CHERRY, RACQUEL
Address	PO BOX 420667
City-State-Zip:	HOUSTON TX 77342

Title	D
Name	TEEL, MONICA
Address	999 GAY RD.
City-State-Zip:	BILOXI MS 39532

Title	D
Name	TEEL, LADON
Address	999 GAY RD.
City-State-Zip:	BILOXI MS 39532

Title	P
Name	HUDSON, MICHELLE
Address	7191 VINELAND AVE. #322
City-State-Zip:	ORLANDO FL 32821

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: MICHELLE R HUDSON**PRESIDENT****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date