

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005044

Entity Name: TRINITY CARE MINISTRIES INC.**Current Principal Place of Business:**3 OCEANS WEST BOULEVARD UNIT 6A2
DAYTONA BEACH, FL 32118**Current Mailing Address:**3 OCEANS WEST BOULEVARD UNIT 6A2
DAYTONA BEACH, FL 32118 US**FEI Number:** 59-3465436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUKOLA, OLU MR
401 AUGUSTINE CT.
OVIDO, FL 32765 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	PMTR
Name	ENEMCHUKWU, OBI E
Address	3 OCEANS WEST BOULEVARD UNIT 6A2
City-State-Zip:	DAYTONA BEACH FL 32118

Title	TR, TRUSTEE
Name	SMITH, JUDITH
Address	938 E BROADWAY
City-State-Zip:	OVIDO FL 32765

Title	TR
Name	BUKOLA, OLU
Address	401 AUGUSTINE CT.
City-State-Zip:	OVIDO FL 32765

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: OBI E ENEMCHUKWU**PRESIDENT****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date