2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2008 8:00 am **DOCUMENT # 756149** Secretary of State 1. Entity Name 03-17-2008 90015 003 ****61.25 TRINITY FAITH HOUSE OF GOD, INC. Principal Place of Business Mailing Address 1351 NW 54TH STREET 1351 NW 54TH STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2110496 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES SAMPSON JR Street Address (P.O. Box Number is Not Acceptable) 1745 NW 111TH ST **MIAMI FL 33167** Z:p Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of régistered agent (sirfint e il anplicable. (NOTE: Bog stored Agent signature reneared wreal rollstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delate TITLE ☐ Change SAMPSON JR, JAMES NAME NAME 1745 N.W. 111TH STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33167 CITY-ST-ZIP TATLE Delare TITLE ☐ Change ☐ Addition ROBERT COLEMAN SR NAME NAME 4001 NW 187TH TERR STREET ADDRESS STREET AUDRESS CAROL CITY FL 33055 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition COLLINS, PAULINE TO NAME NAME 1351 REAR N.W. 54TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZiP CITY - ST- 71P TITLE Delete TITLE ☐ Change □ Addition CHARMEL D SAMPSON NAME NAME 1745 NW 111TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33167 CITY-ST-ZIP TITLE Delete TITLE Change neilibhA 🔲 DAVIS FULA NALEE 2395 NW 79TH TERRACE STREET AUDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-7IP CITY-ST-7:P ☐ Delete Change Addition TITLE TITLE ATKINS, ELIZABETH NAME NAME 1351 N W 54TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CHTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 in Block 10 or Block 11

SIGNATURE:

FILED

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