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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770278** **(0)**

1. Corporation Name

TRINITY CHRISTIAN FELLOWSHIP, INCORPORATED

Principal Place of Business	Mailing Address
22801 SW 117 AVE MIAMI FL 33170 US	1340 N FIELDLARK LANE HOMESTEAD FL 33035-1070 US

3. Date Incorporated or Qualified: **09/19/1983**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0117419** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BULLARD, JOSHUA, III
1340 N FIELDLARK LANE
HOMESTEAD FL 33035

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	BULLARD, JOSHUA, III		1.2 NAME	Ballom Baity	
STREET ADDRESS	13518 SW 116TH PLACE		1.3 STREET ADDRESS	1340 N Fieldlark Lane (DIRECTOR)	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Homestead, Fla. 33035	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	CARTER, JAMES		2.2 NAME	Joseph Franklin (DIRECTOR)	
STREET ADDRESS	15081 SW 127TH COURT		2.3 STREET ADDRESS	P.O. Box 570592	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fla. 33257-0592	
TITLE	VST	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	BULLARD, MARY M.		3.2 NAME	Norman Newkirk	
STREET ADDRESS	13518 SW 116TH PLACE		3.3 STREET ADDRESS	19702 SW 121 Ave. (DIRECTOR)	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fla. 33177	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILLARD, ELIZABETH		4.2 NAME		
STREET ADDRESS	21661 SW 110TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY, CLARANCE		5.2 NAME		
STREET ADDRESS	14913 SW 302 TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY, RUBY		6.2 NAME		
STREET ADDRESS	14913 SW 302 TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joshua Bullard III 3/4/97 305-245-7000 ex 258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024266