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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 09/19/1983

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

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)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	DIRECTOR	☐ Change ☒ Addition
NAME	BULLARD, JOSHUA, III		1.2 NAME	NEWKIRK NORMAN	
STREET ADDRESS	13518 SW 116TH PLACE		1.3 STREET ADDRESS	19702 SW 121 AVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FLA 33177	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CARTER, JAMES		2.2 NAME	STUBBS, JAMES	
STREET ADDRESS	15081 SW 127TH COURT		2.3 STREET ADDRESS	10705 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FLA. 33170	
TITLE	VST	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BULLARD, MARY M.		3.2 NAME	LAFRANCE GLADYS	
STREET ADDRESS	13518 SW 116TH PLACE		3.3 STREET ADDRESS	12450 SW 191 ST	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FLA 33177	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BALLOON BAITY		4.2 NAME		
STREET ADDRESS	1340 N. FIELDLARK LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD 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 (10/97)

14. I 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: [signature] 6/26/98 305-248-1239