NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770278

1. Corporation Name

2. Principal Place of Business

TRINITY CHRISTIAN FELLOWSHIP, INCORPORATED

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

2a. Mailing Address

26

FILED Feb 22, 1999 8:00 am Secretary of State

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Date Incorporated or Qualified 09/19/1983

Suite, Apt	ite, Apt. #, etc. Suite, Apt. #, etc. 27				4. FEI Number 65-0117419	. Applied For Not Applicable				
City & State City & State					5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
Zip Country Zip 25 29 3				Country	'	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
-				81	Name					
a II I ARD	JOSHUA III			02						
Bullard, Joshua, III 1340 n Fieldlark Lane				Street Address (P.O. Box Number is Not Acceptable)						
	EAD FL 33035			83	83					
IOMEST	EAD FE 33033				Ĺ					
				84	City	FL	85 Zip (Code		
agent. I a	am familiar with, and accept the obli	gations of, Section 617	7.0503, Florida \$	Statutes	•	ration's board of directors. I hereby accept the appoin				
		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12		
	PD		DELETE 1	1.1 TITLE	$\overline{}$		Change	Additio		
_	BULLARD, JOSHUA, III		I,	1.2 NAME	ĺ					
_i AUDRESS	40540 AM 440TH BLACE		i,	1.3 STREET	ADDRESS					
ST ZIP	MIAMI FL		4	1.4 CITY-S1						
-	D			2.1 TITLE			☐ Change	Additio		
_	CARTER, JAMES		1 2	2.2 NAME	ĺ					
_: AUORESS		OURT 238		2,3 STREET	ADDRESS					
ST-ZIP	MIAMI FL		2	2. 4 CITY-S	T-ZIP					
	VST		DELETE 3	3.1 TITLE			☐ Change	Additio		
	BULLARD, MARY M.		1 3	3.2 NAME	}		•			
I ADDRESS	13518 SW 116TH PLACE		3	3.3 STREET	ADDRESS	•				
ST ZIP	MIAMI FL			3.4. CITY-ST-ZIP						
	0 . 21	2 1	DELETE 4	A.1 TITLE			☐ Change	Addition Addition		
	BALLO MBAITY Dall	om Baity"	4	, 2 NAME			•			
_: ADDRESS	1340 N. FIELDLARK LANE	l] 4	4.3 STREET	ADDRESS					
ST ZIP	HOMESTEAD FL			4 CITY-ST	-ZIP					
	D			5.1 TITLE			Change	Addition		
	ANTHONY, CLARANCE		- 5	3.2 NAME	1	•				

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, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

ST-ZIP

I ADDRES

14913 SW 302 TERR LEISURE CITY FL

ANTHONY, RUBY

LEISURE CITY FL

14913 SW 302 TERR

☐ DELETE

☐ Change

☐ Addition