

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90191 021 ****61.25

DOCUMENT # 770278

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0117419

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BULLARD, JOSHUA, III**
 CITY-ST-ZIP **13518 SW 116TH PLACE
 MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **D Bullard, Johnnyce**
 STREET ADDRESS **12705 SW 92 Ct.**
 CITY-ST-ZIP **Miami 33176**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CARTER, JAMES**
 CITY-ST-ZIP **15081 SW 127TH COURT
 MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **D LaFrance, Gladys**
 STREET ADDRESS **12450 SW 191 Ct.**
 CITY-ST-ZIP **Miami, FL 333177**

TITLE ☐ Delete
 NAME **VST-D**
 STREET ADDRESS **BULLARD, MARY M.**
 CITY-ST-ZIP **13518 SW 116TH PLACE
 MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BALLOM, BAITY**
 CITY-ST-ZIP **1340 N. FIELDLARK LANE
 HOMESTEAD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ANTHONY, CLARANCE**
 CITY-ST-ZIP **14913 SW 302 TERR
 LEISURE CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ANTHONY, RUBY**
 CITY-ST-ZIP **14913 SW 302 TERR
 LEISURE CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary M. Bullard* **MARY M. Bullard** 1/12/00 238-6110 X261
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #