

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770278

1. Entity Name

TRINITY CHRISTIAN FELLOWSHIP, INCORPORATED

Principal Place of Business

22801 SW 117 AVE
MIAMI FL 33170
US

Mailing Address

1340 N FIELDLARK LANE
HOMESTEAD FL 33035
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BULLARD, JOSHUA, III 13518 SW 116TH PLACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 15081 SW 127TH COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BULLARD, MARY M. 13518 SW 116TH PLACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, JOHNNYCE 12705 S.W. 92 CT. MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, CLARANCE 14913 SW 302 TERR LEISURE CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, RUBY 14913 SW 302 TERR LEISURE CITY FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Simon, Angela 16551 SW 103 Place Miami, Fla. 33157	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/15/01
Daytime Phone # 305 3386110 x261

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90020 022 ****61.25

704120



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)