

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90399 024 ****61.25

DOCUMENT # 770278		
1. Entity Name TRINITY CHRISTIAN FELLOWSHIP, INCORPORATED		

Principal Place of Business 22801 SW 117 AVE MIAMI, FL 33170 US	Mailing Address JOSHUA BULLARD, III 19661 SW 136TH AVE MIAMI, FL 33177-4142 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14013477



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0117419	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BULLARD, JOSHUA, III 19661 SW 136TH AVE MIAMI, FL 33177-4142		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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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. CLAUDIA M. THOMAS 10601 SW 140 TERRENCE MIAMI FL 33176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 15081 SW 127TH COURT MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARY M. BULLARD 19661 SW 136 AVE. MIAMI FL 33177 ☐ Change ☒ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWKIRK, NORMAN 19702 SW 121 AVE MIAMI, FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Joshua Bullard III **JOSHUA BULLARD III** **9/29/2005** **305 245 7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #