


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770278</b>	
1. Entity Name <b>TRINITY CHRISTIAN FELLOWSHIP, INCORPORATED</b>	

Principal Place of Business <b>22801 SW 117 AVE MIAMI, FL 33170 US</b>	Mailing Address <b>JOSHUA BULLARD, III 19661 SW 136TH AVE MIAMI, FL 33177-4142 US</b>
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**DO NOT WRITE IN THIS SPACE**



03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0117419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BULLARD, JOSHUA, III  
19661 SW 136TH AVE  
MIAMI, FL 33177-4142**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULLARD, JOSHUA, III 13518 SW 116TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 15081 SW 127TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CLAUDIA M 10601 SW 146 TERRENCE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWKIRK, NORMAN 19702 SW 121 AVE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, MARY M 19661 SW 136 AVE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

100000484001  
04/12/06-00058-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 PASTOR 3/25/2006 36-245-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #