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JECRETARY OF STATE
JELAHASSEE, FLORIDA

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COVER LETTER

10:	Registration Section Division of Corporations	
GI ID I	JECT: TRINITY WORLD MISSIONS, INC.	
SUBJ	Name of Corporation – must include suffix	
Dear S	Sir or Madam:	
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its rs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.	
Please	e return all correspondence concerning this matter to the following:	
	Chris Benzinger	
	Name of Person	
	Trinity World Missions, Inc.	
	Firm/Company	
	2890 Wilde Lake Blvd	
	Address	
	Pensacola, FL 32526	
	City/State and Zip Code	
	cbenzinger@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fu	arther information concerning this matter, please call:	
Chris	Benzinger 850 879-4440 at ()	
	Name of Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	sed is a check for the following amount:	
= \$70	0.00 Filing Fee \(\text{Certificate of Status} \) \(\text{S78.75 Filing Fee & Certified Copy} \) \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{Certified Copy} \)	tatus d

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	ilable in Florida, enter alternate	corporate name adopti	1.6 4 6.			
		corporate manie acopy	ed for the purpose of trans	acting busine	ss in Flo	rida)
Kentucky		3. ⁶¹⁻¹³	99088			
(State or cour	try under the law of which it is	incorporated)	(FEI number, if a	pplicable)		
October 30, 20	01	5. Perpe	etual			
•	ate of Incorporation)		(Date of duration, if	other than per	petual)	
No activities i	n Florida prior to registration					
Date first cond	icted affairs in Florida if prior to	registration. See section	s 617.1501 & 617.1502, F	.S, to determi	ne penalt	y liability
2890 Wilde La	ke Blvd, Pensacola, FL 32526					
	,	(Principal office a	ddress)			
	(6	Current mailing address	s, it different)		7 1	
				prof. have	C	
					e Z	
To help others	live the Gospel of Jesus Christ	and serve the poor.	A		NOV .	Pre-Children
To help others Purpose(s) of o	live the Gospel of Jesus Christ corporation authorized in home	and serve the poor.	arried out in the state of F	lorida)SS	5 NOV 25	- COLUMN TO SERVICE STATE STAT
To help others Purpose(s) of o	live the Gospel of Jesus Christ porporation authorized in home seet address of Florida registe	and serve the poor. state or country to be control agent: (P.O. Box	arried out in the state of F	lorida)SEE	5 NOV 25 A	m
To help others Purpose(s) of o	live the Gospel of Jesus Christ corporation authorized in home seet address of Florida registe	and serve the poor. state or country to be cored agent: (P.O. Box	arried out in the state of F	CARTARY OF ST LAHASSEE, FLO lorida	5 NOV 25 A 8	- COLUMN TO SERVICE STATE STAT
To help others Purpose(s) of o	live the Gospel of Jesus Christ corporation authorized in home seet address of Florida registe	and serve the poor. state or country to be cored agent: (P.O. Box	arried out in the state of F NOT acceptable)	CARTARY OF STATI	5 NOV 25 A 8: 4	
To help others (Purpose(s) of o	live the Gospel of Jesus Christ corporation authorized in home seet address of Florida registe Chris Benzinger 2890 Wilde Lake Blvd	and serve the poor. state or country to be cored agent: (P.O. Box	arried out in the state of F	LAHASSEE. FLORIDA	5 NOV 25 A 8: 48	
To help others (Purpose(s) of o Name and street Name: fice Address:	live the Gospel of Jesus Christ porporation authorized in home seet address of Florida registe Chris Benzinger 2890 Wilde Lake Blvd	and serve the poor. state or country to be cored agent: (P.O. Box	arried out in the state of F NOT acceptable)	CARTARY OF STATE	5 NOV 25 A 8: 48	
To help others (Purpose(s) of o Name and str. Name: fice Address:	corporation authorized in home set address of Florida registe Chris Benzinger	and serve the poor. state or country to be corred agent: (P.O. Box	orida	DATE TARY OF STATE LORIDA COGO	5 NOV 25 A 8: 48	m

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and addresses of officers and/or directors

A. DIN	RECTORS			
Chairma	Michelle Benzinger n:			
Address:	2890 Wilde Lake Blvd			
	Pensacola, FL 32526			
Vice Cha	Heather Khym			
Address:	53-3800 Golf Course Drive			
riduless.	Abbotsford, BC V3G-0A7			
Director	Reverend Joseph Fitzgerald	· · ·		
Address:	50 North Park Avenue			
71441033.	Rockville Center, NY 11571-9023			
Director	Christina McShane		<i>y</i>	
Address	3197 18th Street North			
2 tuui 033,	Arlington, VA 22201			
B. OF	FICERS		AON SHOR	ndern die eerst
Presiden		13 SE	- 25	- Paritic scale
Address		<u> </u>	<u> </u>	
	Pensacola, FL 32526	1.0 2.	<u>co</u>	0
Vice Pre	Reverend Joseph Fitzgerald sident:	SH SH	დ	
Address:	50 North Park Avenue			
	Rockville Center, NY 11571-9023			
Secretar	Christina McShane			
Address	3197 18th Street North, Arlington, VA 22201			
Treasure	Heather Khym			
Address	53-3800 Golf Course Drive, Abbotsford, BC V3G-0A7			
13.	If necessary, you may attach an addendum to the application listing additional office. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the chelle Benzinger, Chairman (Typed or printed name and capacity of person signing application)	e applicat		ors.
	(1) ped of printed name and capacity of person signing appreaution	7		

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 169383

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

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is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is October 30, 200 l and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of October, 2015, in the 224th year of the Commonwealth.



Mison Lundergan Grimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

169383/0524735