

2002 UNIFORM BUSINESS REPORT (UBR)

0004684

DOCUMENT # N01000000957

1. Entity Name

CHILDREN OF THE TRINITY, INC.

Principal Place of Business

819 QUINTILIAN AVE
ORLANDO FL 32809

Mailing Address

819 QUINTILIAN AVE
ORLANDO FL 32809

FILED

02 SEP 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3698808

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEAUVAIS, PAIGE
819 QUINTILIAN AVE
ORLANDO FL 32809

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

After September 13, 2002,
min. will be \$236.25.

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 PF ☐ Delete
NAME BEAUVAIS, PAIGE
STREET ADDRESS 819 QUINTILIAN AVE
CITY-ST-ZIP ORLANDO FL 32809

☐ Change ☐ Addition
300008023943-4
-09/25/02--01080--009
*****61.25 *****61.25

TITLE V ☐ Delete
NAME BEAUVAIS, CLELIE
STREET ADDRESS 819 QUINTILIAN AVE
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE S ☐ Delete
NAME BEAUVAIS, JEAN O
STREET ADDRESS 819 QUINTILIAN AVE
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *PAIGE BEAUVAIS* 9-9-02 (407) 251-1895

CR2E037 (4/02)