

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90030 003 ****70.00

DOCUMENT # N01000004877

1. Entity Name

TRINITY NEW TESTAMENT MINISTRIES, INC.

Principal Place of Business

**1170 SUNSET STRIP
SUNRISE FL 33313**

Mailing Address

**1170 SUNSET STRIP
SUNRISE FL 33313**

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 **65-119224**

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

**CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD, SUITE 209
OAKLAND PARK FL 33311**

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
LYNCH-LOUDEN, WINSOME
3123 SUNSET CIR
MARGATE FL 33063**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
ADLAM, JOSHUA E
8025 NW 10TH CT
PLANTATION FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
LOUDEN, G. HORATIO
3123 SUNSET CIR
MARGATE FL 33063**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DUGGAN, DEAN
1170 SUNSET STRIP
SUNRISE FL 33313**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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 change of, or on an attachment with an address with all other like empowered.

SIGNATURE:

WINSOME LYNCH-LOUDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02 954-591-4214

CR2E037 (9/01)