


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N01000004877</b>                                  |  |
| 1. Entity Name<br><b>TRINITY NEW TESTAMENT MINISTRIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1170 SUNSET STRIP<br/>SUNRISE, FL 33313</b> | Mailing Address<br><b>1170 SUNSET STRIP<br/>SUNRISE, FL 33313</b> |
|---|---|



01172004 No Chg-NP CR2E037 (10/03)

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|--|--|
| 4. FEI Number<br><b>65-1119224</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>CHUCK MOGBO, P.A.<br/>2800 W OAKLAND PARK BLVD, SUITE 209<br/>OAKLAND PARK, FL 33311</b> |
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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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>LYNCH-LOUDEN, WINSOME<br>3123 SUNSET CIR<br>MARGATE, FL 33063 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>ADLAM, JOSHUA E<br>8025 NW 10TH CT<br>PLANTATION, FL 33322   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>LOUDEN, G. HORATIO<br>3123 SUNSET CIR<br>MARGATE, FL 33063    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DUGGAN, DEAN<br>1170 SUNSET STRIP<br>SUNRISE, FL 33313         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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01/26/04-80024-002 70.00

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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:**  **Director** **1/20/04** **954-581-4214 X11**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #