

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90089 010 \*\*\*\*70.00

**DOCUMENT # N01000004877**

1. Entity Name  
TRINITY MINISTRIES WORSHIP CENTER, INC.



Principal Place of Business  
1201 WEST CYPRESS CREEK ROAD  
SUITE 130  
FT. LAUDERDALE, FL 33309

Mailing Address  
1201 WEST CYPRESS CREEK ROAD  
SUITE 130  
FT. LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-1119224

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LYNCH-LOUDEN, WINSOME  
STREET ADDRESS 3123 SUNSET CIR  
CITY-ST-ZIP MARGATE, FL 33063

TITLE STD  
NAME ADLAM, JOSHUA E  
STREET ADDRESS 8025 NW 10TH CT  
CITY-ST-ZIP PLANTATION, FL 33322

TITLE VD  
NAME LOUDEN, G. HORATIO  
STREET ADDRESS 3123 SUNSET CIR  
CITY-ST-ZIP MARGATE, FL 33063

TITLE D  
NAME DUGGAN, DEAN  
STREET ADDRESS 1170 SUNSET STRIP  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 954-492-2740  
Date Daytime Phone #