

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005245

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: TRINITY BAPTIST CHURCH & BLANC MINISTRIES, INC.

**Current Principal Place of Business:**

595 NORTHWEST 133RD STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

1181 NE 200 TER  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 65-1126091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH PATRICK BLANC  
1181 NE 200 TER  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLANC, JOSEPH P  
Address: 595 NORTHWEST 133RD STREET  
City-St-Zip: MIAMI, FL 33168

Title: STD ( ) Delete  
Name: BLANC, NERLANDE  
Address: 595 NORTHWEST 133RD STREET  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: NICLASSE, CLELA  
Address: 595 NORTHWEST 133RD STREET  
City-St-Zip: MIAMI, FL 33168

Title: V ( ) Delete  
Name: ORIENTAL, YVON  
Address: 595 NORTHWEST 133RD STREET  
City-St-Zip: MIAMI, FL 33168

Title: V (X) Delete  
Name: DESROSIERS, CAMELIN  
Address: 595 NW 133 ST  
City-St-Zip: MIAMI, FL 33168

Title: V (X) Delete  
Name: PIERRE-LOUIS, LOUISE  
Address: 595 NW 133 ST  
City-St-Zip: MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ARISTENE, LINDA  
Address: 595 NORTHWEST 133RD STREET  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P BLANC

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date