

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001460

FILED
Apr 03, 2006
Secretary of State

Entity Name: UNITED TRINITY MISSIONARY CHURCH, INC.

Current Principal Place of Business:

23 N. ORANGE BLOSSOM TRAIL
SUITE C
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

23 N. ORANGE BLOSSOM TRAIL
SUITE C
ORLANDO, FL 32805

New Mailing Address:

2212 ATRIUM CIR.
ORLANDO, FL 32805

FEI Number: 26-0059500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAISON, WILLIE E SR.,REV
7509 PACIFIC HEIGHTS CIR.
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

CAISON, WILLIE E SR.,REV
2212 ATRIUM CIR.
ORLANDO, FL 32805 US

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: WILLIE E. CAISON

04/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: REV. CAISON, WILLIE E SR.
Address: 7509 PACIFIC HEIGHTS CIR.
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: CAISON, CARLITA Y MRS.
Address: 7509 PACIFIC HEIGHTS CIR.
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: CLARKE, RONALD MR.
Address: 1710 MESSINA AVE.
City-St-Zip: ORLANDO, FL 32811

Title: TD (X) Delete
Name: SHERMON, JULIUS D MR.
Address: 4473 RIBBLES DALE LN
City-St-Zip: ORLANDO, FL 32808

Title: FS (X) Delete
Name: SWIFT, ROSHELL MISS.
Address: 510 MONICA ROSE DR.
City-St-Zip: APOPKA, FL 32703

Title: ADMI (X) Delete
Name: CLARKE, BETTYE MRS.
Address: 1710 MESSINA AVE.
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: REV. CAISON, WILLIE E SR.
Address: 2212 ATRIUM CIR.
City-St-Zip: ORLANDO, FL 32808

Title: ADMI (X) Change () Addition
Name: CLARKE, BETTYE MRS.
Address: 1710 MESSINA AVE.
City-St-Zip: ORLANDO, FL 32811

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

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 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: WILLIE E. CAISON, SR.

CEO

04/03/2006

Electronic Signature of Signing Officer or Director

Date