

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 19, 2004
Secretary of State**

DOCUMENT# N03000002643

Entity Name: THE TRINITY MACEDONIA HOPES IN CHRIST MINISTRY, INC.

Current Principal Place of Business:

3795 NW 165 STREET
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

3795 NW 165 STREET
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 32-0080557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RIVERS, MARY MS.
3795 NW 165 STREET
CAROL CITY, FL 33055 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERS, MARY
Address: 3795 NW 165 STREET
City-St-Zip: MIAMI, FL 33055

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

Title: V () Delete
Name: BENJAMIN, OSMOND
Address: 915 NW 1 AVE, ARENA BLVD
City-St-Zip: MIAMI, FL 33142

Title: V (X) Change () Addition
Name: BENJAMIN, OSMOND
Address: 2120 NW 124TH ST.
City-St-Zip: MIAMI, FL 33167

Title: T () Delete
Name: MOORE, MARILYN
Address: 3810 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

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

Title: D () Delete
Name: DAVIS, HAROLD
Address: 2330 NW 73 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: E (X) Change () Addition
Name: BENJAMIN, JOYCE A
Address: 2120 N.W. 124TH ST.
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: STREETER, CORA
Address: 920 NW 201 STREET
City-St-Zip: MIAMI, FL 33056

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

Title: D () Delete
Name: ROLLE, CHRISTINA
Address: 3530 NW 201 TERRACE
City-St-Zip: MIAMI, FL 33056

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 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 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: OSMOND BENJAMIN

CEO

10/19/2004

Electronic Signature of Signing Officer or Director

_____ Date