

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N03000002643

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

Current Principal Place of Business:

920 NW 201 STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

2719 WOODLEY RD
MONTGOMERY, AL 36111

New Mailing Address:

FEI Number: 32-0080557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

RIVERS, MARY MS.
920 NW 201 STREET
MIAMI, FL 33169 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: O () Delete
Name: RIVERS, MARY
Address: 2719 WOODLEY ROAD
City-St-Zip: MONTGOMERY, AL 36111

Title: C () Delete
Name: PRATT, DANDREA
Address: 2719 WOODLEY ROAD
City-St-Zip: MONTGOMERY, AL 36111

Title: S () Delete
Name: STREETER, CORA
Address: 920 NW 201 STREET
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: S () Change (X) Addition
Name: RIVERS, TANNIECECIA C
Address: 850 WESTVIEW DR
City-St-Zip: MONTGOMERY, AL 36108

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: MARY RIVERS

O

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date