

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003143

FILED
Apr 13, 2009
Secretary of State

Entity Name: TRINITY HOUSE OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

1056 S BISCAYNE RIVER DR
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1056 S BISCAYNE RIVER DR
MIAMI, FL 33169

New Mailing Address:

FEI Number: 48-1307571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, VERONICA
1056 S. BISCAYNE RIVER DR.
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: P () Delete
Name: HALL, VERONICA
Address: 1056 S. BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: FLETCHER, EVELYN T
Address: PO BOX 2084
City-St-Zip: AQUBOGUE, NY 11931

Title: S () Delete
Name: COOK, LISA
Address: 2280 NW 93 TERR.
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: JACKSON, DAISY
Address: 5623 E. 34TH STREET
City-St-Zip: TUCSON, AZ 85711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HALL, SHEILA
Address: 1490 NW 138 STREET
City-St-Zip: MIAMI, FL 33167

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: VERONICA HALL

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date