

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90028 045 ****61.25

DOCUMENT # N04000005916

1. Entity Name
TRINITY FELLOWSHIP, INC.



Principal Place of Business
**668 STATE ROAD 60 WEST
LAKE WALES, FL 33853 US**

Mailing Address
**247 1ST AVENUE SOUTH
LAKE WALES, FL 33859 US**

00007180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1246129

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEADMAN, LINDA
247 1ST AVENUE SOUTH
LAKE WALES, FL 33859**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by: May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KEN, STEADMAN**
STREET ADDRESS **247 1ST AVENUE SOUTH**
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **VP** ☐ Delete
NAME **DE LOIS, PRESTON**
STREET ADDRESS **13 HILLCREST AVENUE**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **SEC** ☒ Delete
NAME **MARY, CURTIS**
STREET ADDRESS **4249 BERWICK DRIVE**
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **TRES** ☐ Delete
NAME **LINDA, STEADMAN**
STREET ADDRESS **247 1ST AVENUE SOUTH**
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☒ Change ☐ Addition
NAME **PAULINE JACKSON**
STREET ADDRESS **2149 S. LAKE REEDY BLVD.**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 863-638-1890

Date Daytime Phone #