

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**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



01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature Required when Reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEN, STEADMAN 247 1ST AVENUE SOUTH LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LOIS, PRESTON 13 HILLCREST AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JACKSON, PAULINE 2149 S LAKE REEDY BLVD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LINDA, STEADMAN 247 1ST AVENUE SOUTH LAKE WALES, FL 33859
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01/18/07-80070-013 61.25

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IN THIS SPACE**

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:** Linda Steadman / Linda Steadman 1-15-07 (863) 638-1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #