


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000005916</b> 1. Entity Name <b>TRINITY FELLOWSHIP, INC.</b>	
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Principal Place of Business <b>668 STATE ROAD 60 WEST LAKE WALES, FL 33853 US</b>	Mailing Address <b>247 1ST AVENUE SOUTH LAKE WALES, FL 33859 US</b>
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1246129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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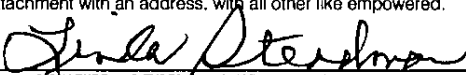
10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000814470  
02/13/08-80045-018 61.25

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** 2-1-08 863-638-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #