

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006446

FILED  
Jan 18, 2005  
Secretary of State

**Entity Name:** TRINITY RESTORATION REFORUM OUTREACH MINISTRY, INC

**Current Principal Place of Business:**

1012 KENTUCKY STREET  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

1012 KENTUCKY STREET  
HAINES CITY, FL 33844 US

**New Mailing Address:**

**FEI Number:** 16-1702802      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BELL-EUSON, VERONICA B  
1012 KENTUCKY STREET  
HAINES CITY, FL 33844 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: BELL-EUSON, VERONICA B  
Address: 1012 KENTUCKY STREET  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP ( ) Delete  
Name: PHARNES, TERRY  
Address: 512 6TH STREET S  
City-St-Zip: DUNDEE, FL 33838 US

Title: SEC ( ) Delete  
Name: ADAMS, JESSICA  
Address: 504 N 5TH STREET  
City-St-Zip: HAINES CITY, FL 33844 US

Title: TRES ( ) Delete  
Name: HALL, CAMILA  
Address: 1411 VALENCIA COURT  
City-St-Zip: HAINES CITY, FL 33844

Title: AVP ( ) Delete  
Name: JOHNSON, TONYA  
Address: 1010 BATES ROAD  
City-St-Zip: HAINES CITY, FL 33844 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: PHARNES, TERRY  
Address: 2 GROVE COURT SE  
City-St-Zip: WINTER HAVEN, FL 33884 US

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

Title: TRES (X) Change ( ) Addition  
Name: HALL, CAMEIA  
Address: 1411 VALENCIA COURT  
City-St-Zip: HAINES CITY, FL 33844

Title: AVP (X) Change ( ) Addition  
Name: JOHNSON, LATONYA  
Address: 1010 BATES ROAD  
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 BELL-EUSON

PRES

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date