2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# N04000009725

Entity Name: TRINITY FELLOWSHIP CHRISTIAN CENTER, INC.

Current Principal Place of Business:

585 SPRING LEAP CIRCLE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 911
GOTHA, FL 34734

New Mailing Address:

FEI Number: 35-2239096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AXSON, YOLANDA V
585 SPRING LEAP CIRCLE
WINTER GARDEN, FL 34787 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/D	( ) Delete
Name:	SCOTT, GARY E	
Address:	585 SPRING LEAP CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34787 US	
Title:	S/D	( ) Delete
Name:	AXSON, YOLANDA V	
Address:	585 SPRING LEAP CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	T/D	(X) Delete
Name:	TOLLIVER, BRELENDA	
Address:	6322 MACKENZIE STREET	
City-St-Zip:	ORLANDO, FL 32807	
Title:	TR/D	( ) Delete
Name:	AXSON, LESTER S SR.	
Address:	585 SPRING LEAP CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34734	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: YOLANDA AXSON S/D 01/08/2006

Electronic Signature of Signing Officer or Director — Date