

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009725

FILED
Jan 04, 2007
Secretary of State

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: TR/D () Delete
Name: AXSON, LESTER S SR.
Address: 585 SPRING LEAP CIRCLE
City-St-Zip: WINTER GARDEN, FL 34734

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: WHITE, LINDA J
Address: 6426 LEMONWOOD CT
City-St-Zip: ORLANDO, FL 32818

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 V. AXSON

S/D

01/04/2007

Electronic Signature of Signing Officer or Director

Date