2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N07000001888

Entity Name: TRINITY FAITH FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

8819 SPRING TREE LAKES DR
SUNRISE, FL 33351

New Principal Place of Business:

8819 SPRING TREE LAKES DR
SUNRISE, FL 33351 BR

Current Mailing Address:

8819 SPRING TREE LAKES DR
SUNRISE, FL 33351

New Mailing Address:

8819 SPRING TREE LAKES DR
SUNRISE, FL 33351 BR

FEI Number: 61-1522296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEATHERWOOD, VIRGINIA
8819 SPRING TREE LAKES DR
SUNRISE, FL 33351 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: DP ( ) Delete
Name: LEATHERWOOD, VIRGINIA
Address: 8819 SPRING TREE LAKES DR
City-St-Zip: SUNRISE, FL 33351

Title: V ( ) Delete
Name: BROWN, HELEN
Address: 8819 SPRING TREE LAKES DR
City-St-Zip: SUNRISE, FL 33351

Title: S ( ) Delete
Name: FERGUSON, LINDA
Address: 8819 SPRING TREE LAKES DR
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete
Name: BRUCE, RONNIE
Address: 8819 SPRING TREE LAKES DR
City-St-Zip: SUNRISE, FL 33351

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 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: VIRGINIA LEATHERWOOD DP 04/16/2009

Electronic Signature of Signing Officer or Director — Date