

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010977

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** TRINITY DELIVERANCE & RESTORATION CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:**

3 NORTH MADISON STREET  
QUINCY, FL 32353

**New Principal Place of Business:**

3 NORTH MADISON STREET  
QUINCY, FL 32353

**Current Mailing Address:**

PO BOX 1416  
QUINCY, FL 32353

**New Mailing Address:**

**FEI Number:** 80-0312671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE-RICH, EMILY  
2423 CASTLETOWER RD  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: P ( ) Change (X) Addition  
Name: GREEN, VIVIAN B  
Address: 322 NORTH WASHINGTON STREET  
City-St-Zip: QUINCY, FL 32351

Title: VP ( ) Change (X) Addition  
Name: ROSS, JACQUELINE  
Address: P.O. BOX 754  
City-St-Zip: GRETN, FL 32332

Title: S ( ) Change (X) Addition  
Name: RICH, DARIN  
Address: 2423 CASTLETOWER RD  
City-St-Zip: TALLAHASSEE, FL 32301

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: VIVIAN GREEN

P

03/11/2009

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

\_\_\_\_\_  
Date