

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16231

1. Entity Name

TRINITY FAITH CENTER MINISTRIES, INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90012 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1845 ECHO POND PL.  
 WESLEY CHAPEL FL 33543

1845 ECHO POND PL.  
~~35535 HAWY 52~~  
 WESLEY CHAPEL FL 33543-9510  
 US

2. Principal Place of Business

3. Mailing Address

1845 ECHO Pond Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wesley Chapel, FL

4. FEI Number

59-2726826

Applied For

Not Applicable

Zip

Country

Zip

Country

33543

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULP, KENNETH R.  
 1845 ECHO POND PL.  
 WESLEY CHAPEL FL 33543

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME CULP, KENNETH R.  
 STREET ADDRESS 1220 SWEETWATER RD.  
 CITY-ST-ZIP DADE CITY FL

TITLE ☒ Change ☐ Addition  
 NAME 1845 ECHO Pond Pl.  
 STREET ADDRESS Wesley Chapel, FL 33543  
 CITY-ST-ZIP

TITLE STD ☐ Delete  
 NAME CULP, ROSE MARY  
 STREET ADDRESS 1220 SWEETWATER RD.  
 CITY-ST-ZIP DADE CITY FL

TITLE ☒ Change ☐ Addition  
 NAME 1845 ECHO Pond Pl.  
 STREET ADDRESS Wesley Chapel, FL 33543  
 CITY-ST-ZIP

TITLE VD ☒ Delete  
 NAME BLAIR, ANDREW  
 STREET ADDRESS 6914 WILLIAMS DR.  
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☒ Addition  
 NAME MD Jeff Culp  
 STREET ADDRESS 655 Potters House Rd.  
 CITY-ST-ZIP Jefferson GA 30349

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth R. Culp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/00 813-907-8384

C-32E037 (9/99)