FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N20069

(3)

TRINITY	RAPTIST	CHURCH	OF	MIAMI.	INC.
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TRINITY	Y BAPTIST CHURCH OF MI	AMI, INC.				
Principal Place of Business Mailing Address		Mailing Address		T ORBITADA MEN DININ MBINI NDIAR KANDA DI	INI MAMBA MAMAN MAMAN MAMAN MAMAN MAMAN AMBA	
3520 SW 97TH AVE 3520 SW 97TH AVE MIAMI FL 33165-4073 MIAMI FL 33165-4073 US US			3. Date Incorporated or Qualified	3a. Date of Last Report		
•				04/10/1987	05/01/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
		Suite, Apt. #, etc.		59-1212499	Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	B. This corporation has liability for in		
24	25 9. Name and Address of Curren	29 3	0	Florida Statutes 10. Name and Address of New Reg	Yes No	
	g, Maine and Address of Consti	t riogistorou Agorit	81 Name	10. Hallo dild radios of from flos	Note to a region	
REVES	VICTOR T		82 Street Addr	ress (P.O. Box Number is Not Acceptable	٠ -	
REYES, VICTOR T 3520 SW 97TH AVENUE			OZ Street Addr	ress (P.O. Box Number is Not Acceptable	в)	
MIAMI FI			63	-		
			84 City		85 Zip Code	
		- 1 047 (500 St. 11 04 14 1			FL C E C C C C C C C C	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
	m familiar with, and accept the obliga	itions of, Section 617.0503, Florid	da Statutes.			
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: I	Registered Agent signature regul	rad when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	REYES, VICTOR T		1.2 NAME			
STHEET ADDRESS	3520 SW 97TH AVENUE		. 1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	BUFKIN, LINDA	v.c., w	2.2 NAME			
STREET ADDRESS	3210 SW 106TH AVE		2.3 STREET ADORESS			
CITY-ST-7IP	MIAMI FL		2.4 CITY-ST-ZIP	₩		
TITLE	S	☐ DELETE	31 TITLE		Change Addition	
NAME	DIAZ, ALICE		3.2 NAME			
STREET ADDRESS	4753 SW 127TH PLACE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition	
TITLE	D Morgan, James T	☐ here is	4.1 YITLE 4.2 NAME		Cusade Cavanion	
NAME STREET ADDRESS	10771 SW 47 ST		4.3 STREET ADDRESS			
City-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP			
TITLE	D	⊠ DELETE	E S TOTAL C	, .	Change Addition	
NAME	WINSKIE, GERALD E. SR.		5.2 NAME	REDHELMCA	FMP, JR.	
STREET ADDRESS	10020 SW 48TH STREET		5.3 STREET ADDRESS	1250 S.W. 12	ST.	
CITY - ST - ZIP	MIAMI FL	·	5.4 CITY-ST-ZIP	MIANIFL.		
TITLE	D	☐ DELETE	6.1 TITLE	•	Change Addition	
NAME	DIAZ, JOSE LUIS		6.2 NAME			
STREET ADDRESS	4753 SW 127TH PL		63 STREET ADDRESS	·		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an another method with an address.

6.4 CITY-ST-ZIP

BUFKIN 4.22.97