**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL -3 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27238 (7)

1. Corporation Name

TRINITY AGAPE' CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5315 MONROE ST.<br>HOLLYWOOD FL 33021 | 5315 MONROE ST.<br>HOLLYWOOD FL 33021 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1988
3a. Date of Last Report: 10/31/1994
4. FEI Number: 59-2919660 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 200 N.W. Hallandale Blvd | 26 5315 Monroe ST |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Hallandale, FL. | City & State 28 Hollywood, FL. |
| Zip 24 33009 County 25 Broward | Zip 29 33021 Country 30 Broward |

9. Name and Address of Current Registered Agent

QUINN, CHARLES L.
5315 MONROE STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDC | 11 TITLE | ☐ Change ☐ Addition |
| NAME | QUINN, CHARLES L. | 12 NAME | |
| STREET ADDRESS | 5315 MONROE STREET | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ISABELLA, JAMES | 22 NAME | |
| STREET ADDRESS | 2311 GARFIELD ST | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 24 CITY-ST-ZIP | |
| TITLE | TD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GOODWIN, HORACE | 32 NAME | |
| STREET ADDRESS | 14895 N.E. 18TH AVE. #5-J | 33 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | D ☐ Change ☐ Addition |
| NAME | TOLOMEO, ROBERT A | 42 NAME | Robert A. Tulomeo |
| STREET ADDRESS | 4131 N.W. 101ST DR. | 43 STREET ADDRESS | 6106 E 81st Place Apt 5 |
| CITY-ST-ZIP | CORAL SPRINGS FL | 44 CITY-ST-ZIP | Tulsa Oklahoma 74137 |
| TITLE | SD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | HARPER, MIKE | 52 NAME | |
| STREET ADDRESS | 500 N.E. 173RD ST. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | $87 7/31 ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E031 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: Charles L. Quinn 6/26/95 944-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008143