

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0017046

**DOCUMENT # N27238**

1. Entity Name

**TRINITY AGAPE' CHURCH, INC.**

03-20-2002 90036 012 \*\*\*\*70.00

Principal Place of Business      Mailing Address

**417 WEST HALLANDALE BEACH BLVD.**  
**409 PLAZA**  
**HALLANDALE FL 33009**  
**US**

**5315 MONROE ST**  
**HOLLYWOOD FL 33021**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2919660**      Not Applicable

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

**QUINN, CHARLES L.**  
**5315 MONROE STREET**  
**HOLLYWOOD FL 33021**

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>QUINN, CHARLES L</b>	
STREET ADDRESS	<b>5315 MONROE ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HARPER, MIKE</b>	
STREET ADDRESS	<b>500 N.E. 173RD ST.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SACCONO, VITTORIO</b>	
STREET ADDRESS	<b>6628 FICUS DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRUDWICK, SYLVIA</b>	
STREET ADDRESS	<b>511 S. HIGHLANDS DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRANCIFORTE, VINCENT</b>	
STREET ADDRESS	<b>1913 S. OCEAN DR. #409</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*CHARLES L. QUINN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3**  
**9/07/02**  
Date

Daytime Phone #

CR2E037 (9/01)