


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90019 044 ****70.00

DOCUMENT # N27238	
1. Entity Name TRINITY AGAPE' CHURCH, INC.	

Principal Place of Business 417 WEST HALLANDALE BEACH BLVD. 409 PLAZA HALLANDALE FL 33009 US	Mailing Address 5315 MONROE ST HOLLYWOOD FL 33021
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2. Principal Place of Business 2035 HARDING ST. Suite, Apt. #, etc.	3. Mailing Address 5315 MONROE ST. Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State HOLLYWOOD	City & State HOLLYWOOD	4. FEI Number 65-0058840	Applied For <input type="checkbox"/> Not Applicable
Zip 33020	Country BROWARD	Zip FL 33021	Country BROWARD

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINN, CHARLES L. 5315 MONROE STREET HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name C. L. Quinn Street Address (P.O. Box Number is Not Acceptable) 2315 MONROE ST. City HOLLYWOOD FL 33021
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <input checked="" type="checkbox"/> Charles L. Quinn Signature, typed or printed name of registered agent and title if applicable	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, CHARLES L 5315 MONROE ST HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACCONO, VITTORIO 6628 FICUS DR HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUDWICK, SYLVIA 511 S. HIGHLANDS DR HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please remove the name of Sylvia Strudwick above. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <input checked="" type="checkbox"/> Charles L. Quinn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7-4-05 954964 3000 Daytime Phone #