2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State

DOCUMENT # N27238 1. Entity Name TRINITY AGAPE' CHURCH, INC.					()	03-30-2006 90025 028 ****75.00		
Principal Place of Business 2035 HARDING ST HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33021 US				US	1		81211 R(S1 81214 81211 RIS(1	11 71 6 1 1 11 1
	ace of Business HARNING ST.		g Address S MON RO	<u></u>				
Suite, Apt. #, etc. S		Suite	Suite, Apt. #, etc.			ng-NP CI	R2E037 (11/05)	
City & State	WOOD FL.		& State		4. FEI Number 65-005884	0	 	plied For t Applicable
330a	Country	Zip	2/	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	
330	6. Name and Address of Current	Registered	Agent		7. Name and Add	ress of New Regis	<u> </u>	
QUINN, C	L			Name				
2315 MONROE ST HOLLYWOOD, FL 33021				Street Addres	et Address (P.O. Box Number is Not Acceptable)			
					1\1 0			
				City	NH		FL Zip Code	Э
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 famillar with, and accept the obligations of registered agent.								
the configurations on registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agnature required when reinstating) DATE								
J. S	Slopeline lyned or proted pame of registered agent	and title if applica	able (NOTE: Re	egistered Agent signature requ	ored when reinstating)		DATE	
	 	and title if applica				Make		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if applica	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		check payable to Department of St	
10.	Fillng Fee is \$61.25		9. Election Campa	aign Financing	\$5.00 May Be	Florida	check payable to Department of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI		9. Election Campa	aign Financing atribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

CITY - \$T - ZIP

SIGNATURE: Phands Lown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

3-25-06

Daytime Phone #