

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35086 (0)

1. Corporation Name

TRINITY BELIEVERS' FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

% ANNA S. BARTON
1171 SUNSET STRIP
SUNRISE FL 33313
US

% ANNA S. BARTON
1171 SUNSET STRIP
SUNRISE FL 33313
US

3. Date Incorporated or Qualified
11/03/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2990507

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTON, ANNA S.
5540 SW 13TH ST
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

400001859184
-06/12/96--01020--001

84 City

***70.00

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME BARNETT, HAROLD.
STREET ADDRESS 8608 NW 57TH PL
CITY-ST-ZIP TAMARAC FL

TITLE V ☐ DELETE
NAME PIERCE, GRACE
STREET ADDRESS 3251 RIVERLAND RD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T ☐ DELETE
NAME BARTON, ANNA S.
STREET ADDRESS 5540 SW 13 ST.
CITY-ST-ZIP PLANTATION FL

TITLE S ☒ DELETE
NAME HORA, LINDA
STREET ADDRESS 1861 SW 37 WAY
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ DELETE
NAME THOMPSON, JAMES
STREET ADDRESS 2721 NW 11 STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ DELETE
NAME ROBERTS, DOCK JR.
STREET ADDRESS 190 SW 78 AVE.
CITY-ST-ZIP MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME BARTON, DAVID F.
13 STREET ADDRESS 5540 SW 13 ST PLANTATION FL
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME LUTCHMAN, MICHAEL
23 STREET ADDRESS 3220 NW 84 AVE #202
24 CITY-ST-ZIP SUNRISE, FL

31 TITLE ☐ Change ☐ Addition
32 NAME Sam E
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME PIERCE, GRACE
43 STREET ADDRESS 3251 RIVERLAND RD
44 CITY-ST-ZIP FT. LAUDERDALE, FL

51 TITLE ☐ Change ☒ Addition
52 NAME BARTON, DAVID W.
53 STREET ADDRESS 5300 SW 10 CT
54 CITY-ST-ZIP PLANTATION FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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:

Anna S. Barton

ANNA S. BARTON

APRIL 26, 1996 (954) 587-1735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)