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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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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 33313-6107 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/03/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2990507	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BARTON, ANNA S. 5540 SW 13TH ST PLANTATION FL 33317	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	BARTON, DAVID F
STREET ADDRESS	5540 SW 13TH ST.
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	NAME
NAME	PIERCE, GRACE
STREET ADDRESS	3251 RIVERLAND RD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	NAME
NAME	LUTCHMAN, MICHAEL
STREET ADDRESS	3220 NW 84TH AVE. #202
CITY-ST-ZIP	SUNRISE FL 33313
TITLE	NAME
NAME	PIERCE, GRACE
STREET ADDRESS	3251 RIVERLAND RD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	NAME
NAME	BARTON, DAVID W
STREET ADDRESS	5300 SW 10TH CT.
CITY-ST-ZIP	PLANTATION FL
TITLE	NAME
NAME	ROBERTS, DOCK JR.
STREET ADDRESS	190 SW 78 AVE.
CITY-ST-ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 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 _____ 2 30 07 10-1882 5802

CP2E037 (9/96)