

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90069 039 ****70.00

DOCUMENT # N35086

1. Corporation Name

TRINITY BELIEVERS' FELLOWSHIP, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/03/1989

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME LUTCHMAN, MICHAEL

STREET ADDRESS 3220 NW 8TH AVE #202 6290 NW 14 CTB
CITY-ST-ZIP SUNRISE FL SUNRISE FL 33313

T ☐ DELETE

NAME BARTON, DAVID F

STREET ADDRESS 5540 SW 13TH ST
CITY-ST-ZIP PLANTATION FL

T ☐ DELETE

NAME BARTON, ANNA S

STREET ADDRESS 5540 S.W. 13TH ST.
CITY-ST-ZIP PLANTATION FL

T ☐ DELETE

NAME PIERCE, GRACE

STREET ADDRESS 3251 RIVERLAND RD.
CITY-ST-ZIP FT. LAUDERDALE FL

T ☐ DELETE

NAME LUTCHMAN, SHIRLEY

STREET ADDRESS 3220 NW 8TH AVE #202 6290 NW 14 CTB
CITY-ST-ZIP SUNRISE FL SUNRISE FL 33313

T ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Anna S. Barton* SIGNATURE REQUIRED

3/7/99

954 587 1725

Date

Daytime Phone #

CR2EN37 (11/98)