

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90326 011 ****70.00

DOCUMENT # N35086

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2990507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Delete
 NAME LUTCHMAN, MICHAEL
 STREET ADDRESS 6290 N.W. 14 COURTS
 CITY-ST-ZIP SUNRISE FL 33313

P ☒ Change ☐ Addition
 NAME STEVE DELAWAR
 STREET ADDRESS 2340 NW 138 DR
 CITY-ST-ZIP SUNRISE FL 33323

T ☐ Delete
 NAME BARTON, DAVID F
 STREET ADDRESS 5540 SW 13TH ST
 CITY-ST-ZIP PLANTATION FL

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☐ Delete
 NAME BARTON, ANNA S
 STREET ADDRESS 5540 S.W. 13TH ST.
 CITY-ST-ZIP PLANTATION FL

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☐ Delete
 NAME PIERCE, GRACE
 STREET ADDRESS 3251 RIVERLAND RD.
 CITY-ST-ZIP FT. LAUDERDALE FL

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☒ Delete
 NAME LUTCHMAN, SHIRLEY
 STREET ADDRESS 6290 N.W. 14 COURTS
 CITY-ST-ZIP SUNRISE FL 33313

T ☒ Change ☐ Addition
 NAME DANA DELAWAR
 STREET ADDRESS 2340 NW 138 DR
 CITY-ST-ZIP SUNRISE FL 33323

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

ANNA S. BARTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2001

954 587-1735

Date

Daytime Phone #

CR2E037 (10/00)