

**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 # **N46328** (3)

1. Corporation Name

**TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 1245  
HOMESTEAD FL 33090

P.O. BOX 1245  
HOMESTEAD FL 33090

3. Date Incorporated or Qualified  
**12/05/1991**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **512 SW 4th**

26 **PO Box 1245**

4. FEI Number  
**65-0280535**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

**Homestead FL 33090**

**Homestead FL 33090**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

**33090**

**Dade us**

**33090**

**U.S**

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

**MCCOY, LOUISE  
512 SW 4TH ST.  
HOMESTEAD FL 33030**

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

**3**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCOY, LOUISE	
STREET ADDRESS	10755 SW 219 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRUCE, WILLIE	
STREET ADDRESS	12343 SW 264 TERR	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMICA, LORETTA	
STREET ADDRESS	2245 NW 86TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>Pastor / Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Louise McCoy</b>	
1.3 STREET ADDRESS	<b>10755 SW 219 St</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33170</b>	
2.1 TITLE	<b>Elder</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Willie Bruce</b>	
2.3 STREET ADDRESS	<b>12343 SW 264 Terr.</b>	
2.4 CITY-ST-ZIP	<b>Homestead, FL 33032</b>	
3.1 TITLE	<b>Loretta Amica</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Loretta Amica</b>	
3.3 STREET ADDRESS	<b>2245 N.W. 86 Terr</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33147</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>200001746242</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>03/18/96--01023--022</b>	
5.3 STREET ADDRESS	<b>***\$61.25</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

*Louise McCoy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/96**  
Date

**305 2518774**

**305 2518774**  
Daytime Phone #

CR2E037 (12/95)