2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # N46328 **Secretary of State** 1. Intity Name TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC. Principal Place of Business Mailing Address 512 S.W. 4 ST HOMESTEAD FL 33090 PO BOX 1245 HOMESTEAD FL 33090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State NO-T APPLICABLE Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCOY, PERCY L Street Address (P.O. Box Number is Not Acceptable) 512 SW 4TH ST. HOMESTEAD FL 33030 Zip Code City Fl 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. I am familiar with, and acces the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstalling) DATE Signature, typed or printed name of registored agent and life if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 Company of the second ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition DP Change TITLE Delete HHE MCCOY, PERCY NAME NAME 10755 SW 219 ST. STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP MIAMI FL 33170 CITY-ST-ZIP ☐ Change Addis. DS ☐ Detete TITLE TITLE EPPS, INGRAM LINDA NAME 1503 N.W. 7 CT STREET ADDRESS STREET ADDRESS FLORIDA CITY FL 33034 CITY-ST-ZIP CITY-ST-ZIP ☐ Change D_{-} □ Delate TITLE TITLE AMICA, LORETTA NAME STREET ADDRESS STREET ADDRESS 2245 NW 86 TERR CITY-ST-ZIP MIAMI FL 33147 CITY - ST - 7IP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change i Ades ☐ Detete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additi TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my pignature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report is report to the corporation or the receiver or trustee empowered to execute this report is report to the corporation or the receiver or trustee empowered to execute this report is report to the corporation or the receiver or trustee empowered to execute this report is report to same legal effect as if made under oath, that I am an officer or direction to the corporation or the receiver or trustee empowered to execute this report is report to same legal effect as if made under oath, that I am an officer or direction to the corporation or the receiver or trustee empowered to execute this report is report to same legal effect as if made under oath, that I am an officer or direction to the corporation or the receiver or trustee empowered to execute this report is report to supplied with the information to the receiver or trustee. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that I am an officer or direction indicated in Section 119, Florida Statutes. I further certify that I am an officer or direction indicated in Section 119, Florida Statutes. I further certify that I am an officer or direction indicated in Secti