

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # N46328
 1. Entity Name
 TRINITY FAITH TABERNACLE DELIVERANCE
 MINISTRIES CENTER, INC.



Principal Place of Business: 512 S.W. 4 ST, HOMESTEAD, FL 33090
 Mailing Address: PO BOX 1245, HOMESTEAD, FL 33090

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07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number: 65-0280535 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCCOY, PERCY L
 512 SW 4TH ST.
 HOMESTEAD, FL 33030

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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 accept the obligations of registered agent.
 SIGNATURE: *Percy McCoy* Director DATE: 7-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by September 14, 2007

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

000000771722
 02/08/07-30005-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCOY, PERCY
STREET ADDRESS	10755 SW 219 ST.
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	DS
NAME	EPPS, INGRAM LINDA
STREET ADDRESS	1503 N.W. 7 CT
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	D
NAME	AMICA, LORETTA
STREET ADDRESS	2245 NW 86 TERR
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 Chapter 119, 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: *Percy McCoy* Director DATE: 7-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #