

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2012  
Secretary of State**

DOCUMENT# N46328

**Entity Name:** TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC.

**Current Principal Place of Business:**

512 S.W. 4 ST  
HOMESTEAD, FL 33090

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1245  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 65-0280535      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCOY, PERCY L  
512 SW 4TH ST.  
HOMESTEAD, FL 33030      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MCCOY, PERCY  
Address: 10755 SW 219 ST.  
City-St-Zip: MIAMI, FL 33170

Title: DS  
Name: EPPS, INGRAM LINDA  
Address: 1503 N.W. 7 CT  
City-St-Zip: FLORIDA CITY, FL 33034

Title: D  
Name: AMICA, LORETTA  
Address: 2245 NW 86 TERR  
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PERCY L. MCCOY

DIRE

01/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date