

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 24, 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 US

Title: DVP
Name: MCCOY, VERTHELIA
Address: 10755 SW 219 ST.
City-St-Zip: MIAMI, FL 33170 US

Title: DS
Name: EPPS, INGRAM LINDA
Address: 27338 SW 121 STREET
City-St-Zip: HOMESTEAD, FL 33032 US

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

Title: D
Name: GREEN, L.J.
Address: 15400 SW 297 TERR.
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D
Name: LACEY, FRANK
Address: 15977 SW 305 TERR.
City-St-Zip: MIAMI, FL 33033

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 MCCOY

DP

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date