NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # **N93000003327**1. Comporation Name

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NATIONAL TRINITY FAITH DELIVERANCE CHURCH INC.

Principal Place of Business 80 WEST 21 ST RIVIERA BEACH FL 33404

Mailing Address

1291 WEST 2ND STREET RIVIERA BEACH FL 33404-7205

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90113 046 ****70.00



3. Date Incorporated or Qualified

2. Principal P	lace of Business	2a. Mailing Address	; <u>, ~ .</u>	~	3. Date Incorporated or Qualifed	ل المنطقة المده	
21		26			07/23/1993		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For
22		27			NOT APPLICABLE	Not	Applicable
City & Stat	ie ·	City & State		,	5. Certificate of Status Desired	/ \$8.75 A	dditional
23		28			5. Certificate of Status Desired 2	Fee Rec	uired
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	Mav Be
24	25	29	10		Trust Fund Contribution	Added to	
	9. Name and Address of Current		1		10. Name and Address of New Regist	ered Agent	
			81	Name			
DANCOM MODOLINE D				82 Street Address (P.O. Box Number is Not Acceptable)			
RANSOM, MOROLINE P				Street Address (P.O. Box Number is Not Acceptable)			
1291 WEST 2ND STREET							
RIVIERA E	BEACH FL 33404						
	The state of the state of		84	City		FL 85 Zip C	ode
			the electric	a named com	poration submits this statement for the purpo		egistered
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of imfamiliar with, and accept the obligation	if Florida. Such change was auf	inonzed by	the comorati	on's board of directors. I hereby accept the	appointment as reg	istered
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		nt signature require		TE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TTLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RANSON, JAMES		1.2 NAME				
STREET ADDRESS		,	1.3 STREE	TADDRESS	6.		
CITY-ST-ZIP	RIVIERA BEACH FL	,	1.4 CITY-S	T-ZIP		_ , '	
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	GARNETTE, KAREN L	• •	2.2 NAME	. [,		<u> </u>	
STREET ADDRESS	1805 WEST BLUE	ي المالو المصدري	2.3 STREE	T ADDRESS	•	, ,	
CITY-ST-ZIP	RIVIERA BEACH FL		2,4 CITY-5	ST-7IP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	RICH, PHYLLIS A		3.2 NAME		• .		
				TADDRESS			,
STREET ADDRESS	(1001 11001 0111			ļ.			•
CITY-ST-ZIP	RIVIERA BEACH FL	☐ DELETE	3.4. CITY-1	31-ZIP		☐ Change	Addition
TITLE	D		4.1 1113E				
NAME	RANSOM, LATOYA				• •	*	
STREET ADDRESS) (= (· , · · = · · · = · · · · · · · · · · ·	,	1	T ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH FL 33404	,	4.4 CITY-S	ST-ZIP	·	Change	Addition
TITLE	1	☐ DELETE	5.1 TTLE			☐ Citailde	
NAME	RANSOM, MOROLINE P		5.2 NAME				
STREET ADDRESS				TADORESS	-	• :	٠,
CITY-ST-ZIP	RIVIERA BEACH FL 33404		5.4 CITY-S	IT-ZIP		. Clobar	Addition.
TITLE ,		☐ DELETE	6.1 TITLE			· Change	Addition Addition
NAME		·	6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
a a a			64 CITY-5	T-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: