FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:58

DOCUMENT # **N93000005687 (9)**

1. Corporate Name

TRINITY WOMEN'S MINISTRIES INC.

Principal Place of Business	Mailing Address
2404 GRANT STREET MELBOURNE FL 32901	2404 GRANT STREET MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3197504 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt # etc. (22) | Suite Apt # etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHATFIELD, LOIS
2404 GRANT STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Oliver, Amy

82 Street Address (P.O. Box Number is Not Acceptable): 8412 James St

83

84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: x Amy Oliver (Registered Agent signature required when mandatory) DATE: 5/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition)	
101 TITLE	S	111 TITLE	P.D ☐ Change ☐ Addition
NAME	BRAXTON, WILLIE M.	112 NAME	Oliver Amy
STREET ADDRESS	508 E. ROBERTS ST.	113 STREET ADDRESS	8412 James St
CITY ST ZIP	MELBOURNE FL	114 CITY ST ZIP	Melbourne, Fla 32935
102 TITLE	T	121 TITLE	V.P.D ☐ Change ☐ Addition
NAME	JOHNSON, DORETHA	122 NAME	Beaufort, Viola
STREET ADDRESS	505 ROBERTS ST.	123 STREET ADDRESS	3203 S. Monroe St
CITY ST ZIP	MELBOURNE FL	124 CITY ST ZIP	Melbourne Fla
103 TITLE Dustn	P	131 TITLE Asst P	Shackleford, Lola ☐ Change ☐ Addition
NAME	CHATFIELD, LOIS	132 NAME	
STREET ADDRESS	2404 GRANT STREET	133 STREET ADDRESS	1635 League Ave
CITY ST ZIP	MELBOURNE FL	134 CITY ST ZIP	Melbourne, Fla 32935
104 TITLE		141 TITLE	☐ Change ☐ Addition
NAME		142 NAME	
STREET ADDRESS		143 STREET ADDRESS	
CITY ST ZIP		144 CITY ST ZIP	
105 TITLE		151 TITLE	☐ Change ☐ Addition
NAME		152 NAME	
STREET ADDRESS		153 STREET ADDRESS	
CITY ST ZIP		154 CITY ST ZIP	
106 TITLE		161 TITLE	☐ Change ☐ Addition
NAME		162 NAME	DELIVERED BY MAY 1
STREET ADDRESS		163 STREET ADDRESS	
CITY ST ZIP		164 CITY ST ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Lois Chatfield Director 3/28/95 (407) 724-2053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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