

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005687 (9)

1. Corporation Name

TRINITY WOMEN'S MINISTRIES INC.



Principal Place of Business

Mailing Address

2404 GRANT STREET  
MELBOURNE FL 32901

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MELBOURNE FL 32901

3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3197504

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, AMY  
3412 JAMES ST.  
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD *President*  DELETE  
NAME OLIVER, AMY  
STREET ADDRESS 8412 JAMES STREET  
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE  Change  Addition

TITLE T  DELETE  
NAME JOHNSON, DORETHA  
STREET ADDRESS 505 ROBERTS ST.  
CITY-ST-ZIP MELBOURNE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE P *Director*  DELETE  
NAME CHATFIELD, LOIS  
STREET ADDRESS 2404 GRANT STREET  
CITY-ST-ZIP MELBOURNE FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

TITLE VPD *1st Vice Pres.*  DELETE  
NAME BEAUFORT, VIOLA  
STREET ADDRESS 3203 S. MONROE ST.  
CITY-ST-ZIP MELBOURNE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE AD *2nd Vice Pres.*  DELETE  
NAME SHACKLEFORD, LOA  
STREET ADDRESS 1635 LEAGUE AVE.  
CITY-ST-ZIP MELBOURNE FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE *Secretary*  DELETE  
NAME *Willie M. Broxton*  
STREET ADDRESS *568 E Roberts St*  
CITY-ST-ZIP *Melbourne, FL 32901*

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001747291  Change  Addition  
-03/18/96--01077--003  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lois Chatfield*

*2/18/96*

*(407) 24-2053*

CR2E037 (12/95)