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FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000005687 (9)

1. Corporation Name

TRINITY WOMEN'S MINISTRIES INC.

Principal Place of Business

2404 GRANT STREET  
MELBOURNE FL 32901

Mailing Address

2404 GRANT STREET  
MELBOURNE FL 32901-5564



3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
03/18/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

TITLE P  
NAME OLIVER, AMY  
STREET ADDRESS 8412 JAMES STREET  
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

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

TITLE D  
NAME CHATFIELD, LOIS  
STREET ADDRESS 2404 GRANT STREET  
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE 1VP  
NAME BEAUFORT, VIOLA  
STREET ADDRESS 3203 S. MONROE ST.  
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE 2VP  
NAME SHACKLEFORD, LOA  
STREET ADDRESS 1635 LEAGUE AVE.  
CITY-ST-ZIP MELBOURNE FL ☒ DELETE *not longer a member*

TITLE S  
NAME BROXTON, WILLIE M  
STREET ADDRESS 568 E ROBERTS ST  
CITY-ST-ZIP MELBOURNE FL 32901 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 2nd FRANCIS, Leona ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1005 Nevada Dr. NE.  
1.4 CITY-ST-ZIP Palm Bay, Florida ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)