


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90055 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005687					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3197504	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent OLIVER, AMY 3412 JAMES ST. MELBOURNE FL 32901				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OLIVER, AMY		1.2 NAME				
STREET ADDRESS	8412 JAMES STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, DORETHA		2.2 NAME				
STREET ADDRESS	505 ROBERTS ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHATFIELD, LOIS		3.2 NAME				
STREET ADDRESS	2404 GRANT STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP				
TITLE	1VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BEAUFORT, VIOLA		4.2 NAME				
STREET ADDRESS	3203 S. MONROE ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRANCIS, LEONA		5.2 NAME				
STREET ADDRESS	1005 NEVADA DR NE		5.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROXTON, WILLIE M		6.2 NAME				
STREET ADDRESS	568 E ROBERTS ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32901		6.4 CITY-ST-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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99 168-7114

Date

Daytime Phone #

CR2E037 (11/98)

0018898