

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91218 031 ****61.25

DOCUMENT # N93000005687

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3197504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, AMY
3412 JAMES ST.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. 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 T
NAME FRANCIS, LEONA
STREET ADDRESS 1005 NEVADA DR NE
CITY-ST-ZIP PALM BAY FL ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy S. Oliver AMY S. OLIVER

Date

4-29-04

Daytime Phone #