

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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**



04062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3197504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVER, AMY
3412 JAMES ST.
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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 *Amy Oliver* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLIVER, AMY
STREET ADDRESS	8412 JAMES STREET
CITY-ST-ZIP	MELBOURNE, FL
TITLE	T
NAME	JOHNSON, DORETHA
STREET ADDRESS	505 ROBERTS ST.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	D
NAME	CHATFIELD, LOIS
STREET ADDRESS	2404 GRANT STREET
CITY-ST-ZIP	MELBOURNE, FL
TITLE	1VP
NAME	BEAUFORT, VIOLA
STREET ADDRESS	3203 S. MONROE ST.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	T
NAME	FRANCIS, LEONA
STREET ADDRESS	1005 NEVADA DR NE
CITY-ST-ZIP	PALM BAY, FL
TITLE	S
NAME	BROXTON, WILLIE M
STREET ADDRESS	568 E ROBERTS ST
CITY-ST-ZIP	MELBOURNE, FL 32901

000000500862
04/25/06-80038-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Willie M. Broxton* *Willie M. Broxton* 728-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #