

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90020 047 ****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

60010578



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P OLIVER, AMY 8412 JAMES STREET MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JOHNSON, DORETHA 505 ROBERTS ST. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHATFIELD, LOIS 2404 GRANT STREET MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1VP BEAUFORT, VIOLA 3203 S. MONROE ST MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T FRANCIS, LEONA 1005 NEVADA DR NE PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BROXTON, WILLIE M 568 E ROBERTS ST - 508 MELBOURNE, FL 32901

**DO NOT WRITE
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: *Amy Oliver* *Willie M. Broxton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-30-07 Daytime Phone #