

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005687

FILED
Apr 29, 2009
Secretary of State

Entity Name: TRINITY WOMEN'S MINISTRIES INC.

Current Principal Place of Business:

2404 GRANT STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2404 GRANT STREET
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3197504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVER, AMY
Address: 8412 JAMES STREET
City-St-Zip: MELBOURNE, FL

Title: T () Delete
Name: JOHNSON, DORETHA
Address: 505 ROBERTS ST.
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: CHATFIELD, LOIS
Address: 2404 GRANT STREET
City-St-Zip: MELBOURNE, FL

Title: 1VP () Delete
Name: BEAUFORT, VIOLA
Address: 3203 S. MONROE ST.
City-St-Zip: MELBOURNE, FL

Title: T () Delete
Name: FRANCIS, LEONA
Address: 1005 NEVADA DR NE
City-St-Zip: PALM BAY, FL

Title: S () Delete
Name: BROXTON, WILLIE M
Address: 508 E ROBERTS STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY OLIVER

MRS.

04/29/2009

Electronic Signature of Signing Officer or Director

Date