

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005687

FILED  
Apr 25, 2012  
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  
**Name:** OLIVER, AMY  
**Address:** 8412 JAMES STREET  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** T  
**Name:** JOHNSON, DORETHA  
**Address:** 505 ROBERTS ST.  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** D  
**Name:** CHATFIELD, LOIS  
**Address:** 2404 GRANT STREET  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** 1VP  
**Name:** BEAUFORT, VIOLA  
**Address:** 3203 S. MONROE ST.  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** T  
**Name:** FRANCIS, LEONA  
**Address:** 1005 NEVADA DR NE  
**City-St-Zip:** PALM BAY, FL 32901

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

I hereby 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 all other like empowered.

**SIGNATURE:** AMY OLIVER

PD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date