FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 1. Corporation Name N9400000311 (0)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE CHURCH OF THE DIVINE TRIUNE, INC.

| Principal Place of Business Mailing Address | | | | | | | | | | |
|---|---|------------------------------------|--------------------|---|---------------|----------------------------------|--|----------------|--------------|-------------------------|
| 3734 MATHESON AVE. | | 3734 MATHESON AVE. | | | | | | | | |
| | ROVE FL 33133 | COCONUT GROVE FL 33133 | | | | | | | | |
| | | | | | | | Date Incorporated or Qualified | 3a. Dat | te of Last | Report |
| | | | | | | | 01/11/1994 | | 05/01/1 | |
| · · · · · · · · · · · · · · · · · · · | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For | |
| 21 Cuito Ant | # ata | 26 | | | 65-0533601 | | | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional | |
| City & State |) | City & State | | | | | 0.5 | | | Required |
| 23 | | 28 | | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| Zιρ | Country | Zip | C | ountry | | | This corporation has liability for in | tanoible ta | | |
| 24 | 25 | 29 | 30 | | | | | Yes 🗹 | | 133.032, |
| | 9. Name and Address of Current | Registered Agent | | | | | 10. Name and Address of New Re | gistered A | gent | |
| | | | | 81 | Nam | е | | | | |
| | I, EDWARDS L | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | SOTA DR. | | 83 | | | | | | | |
| FI. LAUI | DERDALE FL 33301 | | | 63 | | | | | | |
| | | | | 84 | City | , | | | 85 Zg | p Code |
| 11. Pursuant t | o the provisions of Sections 617.0502 | and 617 1508. Florida Statut | tes the al | hove | amed | cornora | tion submits this statement for the purp | <u> </u> | | |
| | ed agent, or both, in the State of Florid th, and accept the obligations of, Section | | | e corpo | oration | 's board | tion submits this statement for the purp Lof directors. I hereby accept the appoi | ntment as r | egistered | i agent. I am |
| SIGNATURE | ing and decept the deligations of econo | #1017.0000; Florida Statutes | 3. | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | inditite if applicable (NC | OTE: Register | red Agent | signatur | e required | when reinstating | DATE | | |
| 12. | OFFICERS AND | | 13 | 3. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTO | DRS IN 12 |
| TITLE | PD | [_]DELETE | 1.1 | TITLE | | | | Ē |] Change | Addition |
| NAME | STALEY, WILLIAM | | 12 | NAME | | | | | | |
| STREET ADDRESS | 3734 MATHESON AVE. COCONUT GROVE FL 33133 | | 1.3 STREET ADDRESS | | 5 | | | | | |
| CITY-ST-ZIP TITLE | SVD DELETE | | | 1.4 CITY-ST-ZIP | | | | | 1 | |
| NAME | STALEY, JODY | Pipereie | | | | 1 | | Ŀ |] Change | Addition |
| STREET ADDRESS | 3734 MATHESON AVE. | | | 2 2 NAME 2 3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | | | 2 4 CITY-ST-ZIP | | <u> </u> | | | | |
| TITLE | TD DELETE | | | 31 TITLE | | | | ——— | 1 Change | Addition |
| NAME | ROWE, JEAN | | 32 | NAME | | | | _ | , | |
| STREET ADDRESS | 7112 S.W. 127TH COURT | | 33 | STREET | ADDRESS | 3 | | | | |
| CITY - ST - ZIP | MIAMI FL 33183 | | 3 4 | CITY-S1 | I - ZIP | | | | | |
| TITLE | | DELETE | 4.1 | TITLE | | | | |] Change | Addition |
| NAME | | | 4. 2 | NAME | | | | | | |
| STREET ADDRESS | | | 4.3 | STREET | ADDRESS | 5 | | | | |
| CITY-ST-ZIP | | Con the | _ | CITY-ST | - ZIP | . | | | | |
| TITLE NAME | | DELETE | | TITLE | | | | |] Change | ☐ Addition |
| STREET ADDRESS | | | | NAME | | | | | | |
| CITY-ST-ZIP | | | | STREET A | | • | | | | |
| TITLE | | DELETE | | CITY-ST TITLE | - ZIP | + | | | Change | Addition |
| NAME | | _ | | NAME | | | | L |) Unange | C XOUUUU |
| STREET ADDRESS | | | | STREET A | INDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 | CITY-ST | - <i>7</i> 1P | | | | | |
| 14. I do hereby | certify that the information supplied wi | th this filing is voluntarily furn | ished and | d dage | not a | ialify for | the exemption stated in Section 119.07 | (3)(k), Florid | da Statut | es. I further |
| | | | | | | | | | | |
| appears in | DIOCK 12 OF BIOCK 13 If changed, or on | an attachment with an addr | ress. | | | | report as required by Chapter 617, Flori | • | | , |

CR2E037 (12/95)