
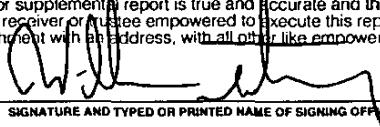


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90309 048 \*\*\*\*61.25

DOCUMENT # N9400000311									
1. Entity Name THE CHURCH OF THE DIVINE TRIUNE, INC.									
Principal Place of Business 133 N.E. 100 ST MIAMI SHORES, FL 33138			Mailing Address 133 N.E. 100 ST MIAMI SHORES, FL 33138						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number 65-0533601 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Applied For		Not Applicable	<input checked="" type="checkbox"/>
Applied For									
Not Applicable	<input checked="" type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/>				04172005 Chg-NP CR2E037 (10/03) <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
CHURCH, EDWARDS L 2325 DESOTA DR. FT. LAUDERDALE, FL 33301			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
			City						
			FL Zip Code						
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 _____									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>					
				<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	STALEY, WILLIAM		NAME						
STREET ADDRESS	3734 MATHESON AVE.		STREET ADDRESS						
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP						
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	STALEY, JODY		NAME						
STREET ADDRESS	3734 MATHESON AVE.		STREET ADDRESS						
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP						
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	ROWE, JEAN		NAME						
STREET ADDRESS	7112 S.W. 127TH COURT		STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 4/17/05						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #						