

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N95000001771****1. Entity Name**  
**TRINITY MINISTRIES ADULT DAYCARE CENTER, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
4093-4097 NW 16TH STREET	4093-4097 NW 16TH STREET
LAUDERHILL FL 33313	LAUDERHILL FL 33313

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1170 SUNSET STRIP	1170 SUNSET STRIP
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b>	<b>Applied For</b>
SUNRISE FL	SUNRISE FL	<b>65-0586512</b>	<input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
33313			

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
LOUDEN G H 3955 DAVIE BLVD.  FORT LAUDERDALE FL 33312 US	Name LOUDEN G H Street Address (P.O. Box Number is Not Acceptable) 3123 SUNSET CIRCLE  City MARGATE FL Zip Code 33063

**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.**

<b>SIGNATURE</b>	<b>04/26/2001</b>
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: G. HORATIO LOUDEN D 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)