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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000931 (3)

1. Corporation Name

TRINITY CHRISTIAN MINISTRIES, INC.

Principal Place of Business

10734 NW WALDO RD
GAINESVILLE FL 32609

Mailing Address

10734 NW WALDO RD
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 10734 NE WALDO RD

Suite, Apt. #, etc.

22 GAINESVILLE FL

City & State

23 32609

Zip

Country

2a. Mailing Address

26 10734 NE WALDO RD

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DUCAN, ELIZABETH
10734 NW WALDO RD
GAINESVILLE FL 32609

E

10. Name and Address of New Registered Agent

81 Name

ELIZABETH TRINITY

82 Street Address (P.O. Box Number is Not Acceptable)

10734 NE WALDO RD

83

GAINESVILLE FL 32609

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Elizabeth Trinity
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME TRINITY, ELIZABETH
STREET ADDRESS 10734 NW WALDO RD
CITY - ST - ZIP GAINESVILLE FL 32609

TITLE DV ☐ DELETE

NAME CARPENTER, WENDY J
STREET ADDRESS 10734 NW WALDO RD
CITY - ST - ZIP GAINESVILLE FL 32609

TITLE DS ☐ DELETE

NAME O'REILLY, MONICA
STREET ADDRESS 9280 CREEKFRONT RD
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

10734 NE WALDO RD

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

10734 NE WALDO RD

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

DS
O'REILLY, MONICA

10734 NE WALDO RD
GAINESVILLE, FL 32609

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Elizabeth Trinity
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001350

CR2E037 (10/97)