

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000931

1. Corporation Name

TRINITY CHRISTIAN MINISTRIES, INC.

Principal Place of Business

10734 NE WALDO RD
GAINESVILLE FL 32609
US

Mailing Address

10734 NE WALDO RD
GAINESVILLE FL 32609
US

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90121 019 ****70.00

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TRINITY, ELIZABETH
10734 NE WALDO RD
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name **ELIZABETH TRINITY**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o TRINITY CHRISTIAN MINISTRIES, INC.
83 **10734 NE WALDO RD.**
84 City **GAINESVILLE** FL 85 Zip Code **32609**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **TRINITY, ELIZABETH** ADDRESS CHANGE

STREET ADDRESS **10734 NE WALDO RD**

CITY-ST-ZIP **GAINESVILLE FL 32609**

1.2 TITLE ☐ DELETE

NAME **CARPENTER, WENDY J.**

STREET ADDRESS **10734 NE WALDO RD**

CITY-ST-ZIP **GAINESVILLE FL 32609**

1.3 TITLE ☐ DELETE

NAME **O'REILLY, MONICA** ADDRESS CHANGE

STREET ADDRESS **10734 NE WALDO RD**

CITY-ST-ZIP **GAINESVILLE FL 32609**

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO ~~EXISTING~~ DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3241 NW 10th ST.**

1.4 CITY-ST-ZIP **GAINESVILLE, FL 32609**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **8530 CROSS TIMBERS DR. WEST**

3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

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, with all other like empowered.

SIGNATURE:

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

3/17/99 352-3567333
Date Daytime Phone #

CR2E037 (11/98)