

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000931

1. Entity 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

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRINITY, ELIZABETH
C/O TRINITY CHRISTIAN MINISTRIES
10734 NE WALDO RD
GAINESVILLE FL 32609

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME TRINITY, ELIZABETH ☐ Delete
STREET ADDRESS 3241 NW 10TH ST.
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME CARPENTER, WENDY J.
STREET ADDRESS 10734 NE WALDO RD
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE DV ☒ Change ☐ Addition
NAME CARPENTER, W. JOY (SAME PERSON)
STREET ADDRESS 10734 NE WALDO RD (SAME ADDRESS)
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE DS ☐ Delete
NAME O'REILLY, MONICA
STREET ADDRESS 8530 CROSS TIMBERS DR., W
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HARDIN, STARLA L
STREET ADDRESS 1613 DONEGAN AVENUE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE T ☒ Change ☐ Addition
NAME CALDERON, STAR
STREET ADDRESS 2615 HORSESHOE BAY DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Wendy J. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

Daytime Phone #

(352) 376 7777

000000114



DO NOT WRITE IN THIS SPACE

000000114