

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90522 033 ****70.00

DOCUMENT # N96000000931

1. Entity Name
TRINITY CHRISTIAN MINISTRIES, INC.



Principal Place of Business
222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741 US

Mailing Address
222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741 US

00040010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JOY-STAR, P.A.
222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME TRINITY, ELIZABETH
STREET ADDRESS 223-DOE DRIVE
CITY-ST-ZIP DAVENPORT, FL 33837

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

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

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

TITLE DS ☐ Delete
NAME CALDERON, STAR
STREET ADDRESS 222 SOUTH VERNON AVE.
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 814 MASSACHUSETTS AVENUE
CITY-ST-ZIP ST. CLOUD, FLORIDA 34769

TITLE T ☐ Delete
NAME O'REILLY, MONICA
STREET ADDRESS 24310 NE 35TH AVE.
CITY-ST-ZIP MELROSE, FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #