2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# N96000000931

Entity Name: TRINITY CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TRINITY, ELIZABETH
Address: 223 DOE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: DV ( ) Delete
Name: CARPENTER, W JOY
Address: 10734 NE WALDO RD
City-St-Zip: GAINESVILLE, FL 32609

Title: DS ( ) Delete
Name: CALDERON, STAR
Address: 814 MASSACHUSETTS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T ( ) Delete
Name: O'REILLY, MONICA
Address: 24310 NE 35TH AVE.
City-St-Zip: MELROSE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH TRINITY DP 07/06/2007
Electronic Signature of Signing Officer or Director — Date