

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000931

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: TRINITY CHRISTIAN MINISTRIES, INC.

## Current Principal Place of Business:

10734 NE WALDO RD  
GAINESVILLE, FL 32609 US

## New Principal Place of Business:

222 SOUTH VERNON AVENUE  
KISSIMMEE, FL 34741 US

## Current Mailing Address:

10734 NE WALDO RD  
GAINESVILLE, FL 32609 US

## New Mailing Address:

222 SOUTH VERNON AVENUE  
KISSIMMEE, FL 34741 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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: W. JOY CARPENTER

04/30/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TRINITY, ELIZABETH  
Address: 3241 NW 10TH ST.  
City-St-Zip: GAINESVILLE, FL 32609

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

Title: DS ( ) Delete  
Name: O'REILLY, MONICA  
Address: 8530 CROSS TIMBERS DR., W  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: CALDERON, STAR  
Address: 2615 HORSESHOE BAY DRIVE  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: W. JOY CARPENTER

DV

04/30/2003

Electronic Signature of Signing Officer or Director

Date