

2/18/98 B-2271 C  
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FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000987 (4)**

1. Corporation Name

**CINDY TRIMM MINISTRIES (C.T.M.), INC.**

Principal Place of Business

**4516 NW 5TH COURT  
DELRAY BEACH FL 33445**

Mailing Address

**4516 NW 5TH COURT  
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified

**02/18/1997**

4. FEI Number

**65-0731315**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 2754 W. Atlantic Blvd.**

**22 City & State**

**27 Suite 16  
City & State**

**23 Zip**

**Country**

**28 Pompano Beach, FL**

**29 33069**

**30 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRIMM, N C DR.**

**4516 NW 5TH COURT  
DELRAY BEACH FL 33445**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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]* **Dr. N. Cindy Trimm**

**27 Jan 1998**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
TRIMM, N C DR  
4516 NW 5TH COURT  
DELRAY BEACH FL 33445**

TITLE ☐ DELETE

**TD  
LEAKEY, DEBBIE S DR  
4516 NW 5TH COURT  
DELRAY BEACH FL 33445**

TITLE ☐ DELETE

**S  
JACKSON, MONICA  
213 LAKE POINT DRIVE APT 214  
FORT LAUDERDALE FL 33309**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☒ Change ☐ Addition

**SD  
Jackson, Monica  
213 Lake Point Drive Apt 214  
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

**D  
Julie Teich  
4991 N.W. 107th Ave  
Coral Springs FL 33079**

☐ Change ☒ Addition

**D  
Deborah Trimm  
#16 Dunscombe Lane, N.S.  
Pembroke, Bermuda HM07**

☐ Change ☐ Addition

**6.1 TITLE  
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.

SIGNATURE: *[Signature]* **Monica Jackson** **27th Jan 1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043059

CR2E037 (1/97)