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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90010 044 \*\*\*\*61.25

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1. Corporation Name

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

Principal Place of Business

4516 NW 5TH COURT  
DELRAY BEACH FL 33445

Mailing Address

2754 W ATLANTIC BLVD  
SUITE 16  
POMPANO BEACH FL 33069  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 2724 W. Atlantic Blvd.

27 Suite, Apt. #, etc.

28 Pompano Beach, FL

29 33069 30 Palm Beach

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

65-0731315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TRIMM, N C DR  
STREET ADDRESS 4516 NW 5TH COURT  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE TD ☐ DELETE

NAME LEAKEY, DEBBIE S DR  
STREET ADDRESS 4516 NW 5TH COURT  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE SD ☐ DELETE

NAME JACKSON, MONICA  
STREET ADDRESS 213 LAKE POINT DRIVE APT 214  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☐ DELETE

NAME TRIMM, DEBORAH  
STREET ADDRESS 6 DUNSWAKE LN NS  
CITY-ST-ZIP PEMBROKE BE HM07

TITLE D ☐ DELETE

NAME TEICH, JULIE  
STREET ADDRESS 4991 NW 107TH AVE  
CITY-ST-ZIP CORAL SPRINGS FL 33079

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Cindy Trimm 1/4/99 (954) 969-1877

CR2E037 (11/98)