

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000987

1. Entity Name

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

**FILED**  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90006 034 \*\*\*\*61.25

Principal Place of Business  
4516 NW 5TH COURT  
DELRAY BEACH FL 33445

Mailing Address  
2724 WEST ATLANTIC BOULEVARD  
POMPANO BEACH FL 33069-2597  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2700 W. ATLANTIC BLVD  
Suite, Apt. #, etc.  
#214

3. Mailing Address  
2700 W. ATLANTIC BLVD.  
Suite, Apt. #, etc.  
#214

City & State  
POMPANO BEACH FL

City & State  
POMPANO BEACH FL

Zip  
33069

Country  
USA

Zip  
33069

Country  
USA

4. FEI Number  
65-0731315

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
TRIMM, N C DR.  
4516 NW 5TH COURT  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent  
Name  
TRIMM, N.C. DR.  
Street Address (P.O. Box Number is Not Acceptable)  
2700 W. ATLANTIC BLVD. #214  
City  
POMPANO BEACH FL Zip Code  
33069

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	TRIMM, N C DR	4516 NW 5TH COURT	DELRAY BEACH FL 33445	<input type="checkbox"/>
TD	LEAKEY, DEBBIE S DR	4516 NW 5TH COURT	DELRAY BEACH FL 33445	<input type="checkbox"/>
SD	JACKSON, MONICA	213 LAKE POINT DRIVE APT 214	FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/>
D	TRIMM, DEBORAH	6 DUNSWAKE LN NS	PEMBROKE BE HM07	<input type="checkbox"/>
D	TEICH, JULIE	4991 NW 107TH AVE	CORAL SPRINGS FL 33079	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	TRIMM, N.C. DR.	2700 W. ATLANTIC BLVD. #214	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LEAKEY, DEBBIE S. DR.	5312 N.E. 6th AVE. #300	FT. LAUDERDALE, FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	DUNCOMBE, WENDY	P.O. Box 678	BIMINI, BAHAMAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TRIMM, DEBORAH	6 DUNSCOMBE LANE NS	PEMBROKE, BERMUDA HM07	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARCELLE, WANDA	1307 N.W. 8th STREET	CORAL SPRINGS, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: SILVIA TRIMM REQUIRED 30/1/00 (924) 969-0777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)