

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000987

1. Entity Name

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

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90021 027 ****61.25

Principal Place of Business

2700 W ATLANTIC BLVD
#214
POMPANO BEACH FL 33069
US

Mailing Address

2700 W ATLANTIC BLVD
#214
POMPANO BEACH FL 33069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

TRIMM, N C DR.
2700 W ATLANTIC BLVD
#214
POMPANO BEACH FL 33069

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TRIMM, N C DR
STREET ADDRESS 2700 W ATLANTIC BLVD #214
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME LEAKEY, DEBBIE S DR
STREET ADDRESS 5312 NE 6TH AVE #D20
CITY-ST-ZIP FT LAUDERDALE FL 33445 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DUNCOMBE, WENDY
STREET ADDRESS PO BOX 678
CITY-ST-ZIP BIMINI, BAHAMAS ☐ Delete

TITLE SD
NAME Duncombe, Wendy ☒ Change ☐ Addition
STREET ADDRESS 2700 W. Atlantic Blvd. #214
CITY-ST-ZIP Pompano Bch., FL 33069

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

TITLE D
NAME Trimm, Deborah ☒ Change ☐ Addition
STREET ADDRESS #6 Dunscombe Lane, Northshore
CITY-ST-ZIP Pembroke, Bermuda HM07

TITLE D
NAME MARCELLE, WANDA
STREET ADDRESS 1327 NW 87TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2001 (954)969-1877

Date

Daytime Phone #

CR2E037 (10/00)