

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005044

1. Entity Name

TRINITY CARE MINISTRIES INC.



Principal Place of Business

1021 WILD PINE ROAD
MIMS FL 32754

Mailing Address

1021 WILD PINE ROAD
MIMS FL 32754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3465436

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

BUKOLA, OLU MR
401 AUGUSTINE CT.
OVIEDO FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

U00000315524

04/19/05-89039-009 61.25

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | CTR | <input type="checkbox"/> Delete |
| NAME | WHEELER, B F J | |
| STREET ADDRESS | 6065 LAKE CHARM CIR | |
| CITY- ST- ZIP | OVIEDO FL 32765 | |
| TITLE | PMTR | <input type="checkbox"/> Delete |
| NAME | ENEMCHUKWU, OBI | |
| STREET ADDRESS | 91 GENEVA DR | |
| CITY- ST- ZIP | OVIEDO FL 32765 | |
| TITLE | TTR | <input type="checkbox"/> Delete |
| NAME | SMITH, JUDITH | |
| STREET ADDRESS | 938 E BROADWAY | |
| CITY- ST- ZIP | OVIEDO FL 32765 | |
| TITLE | STR | <input type="checkbox"/> Delete |
| NAME | MONTGOMERY, CECILA A | |
| STREET ADDRESS | 1021 WILD PINE RD | |
| CITY- ST- ZIP | MIMS FL 32754 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | ALLEN, DOLPHUS | |
| STREET ADDRESS | 25205 N LAKE DR | |
| CITY- ST- ZIP | SANFORD FL 32773 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | BUKOLA, OLU | |
| STREET ADDRESS | 401 AUGUSTINE CT. | |
| CITY- ST- ZIP | OVIEDO FL 32765 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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)(f), 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: OBI ENEMCHUKWU

Obi Enemchukwu **PRESIDENT**

4/15/05 (407) 366-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #