

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005044

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** TRINITY CARE MINISTRIES INC.

**Current Principal Place of Business:**

1021 WILD PINE ROAD  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

1021 WILD PINE ROAD  
MIMS, FL 32754

**New Mailing Address:**

**FEI Number:** 59-3465436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUKOLA, OLU MR  
401 AUGUSTINE CT.  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TR  
**Name:** WHEELER, PATRICIA  
**Address:** 225 LAKE DRIVE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** PMTR  
**Name:** ENEMCHUKWU, OBI  
**Address:** 1021 WILD PINE RD  
**City-St-Zip:** MIMS, FL 32754

**Title:** TTR  
**Name:** SMITH, JUDITH  
**Address:** 938 E BROADWAY  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** STR  
**Name:** MONTGOMERY, CECILA A  
**Address:** 1021 WILD PINE RD  
**City-St-Zip:** MIMS, FL 32754

**Title:** TR  
**Name:** ALLEN, DOLPHUS  
**Address:** 25205 N LAKE DR  
**City-St-Zip:** SANFORD, FL 32773

**Title:** TR  
**Name:** BUKOLA, OLU  
**Address:** 401 AUGUSTINE CT.  
**City-St-Zip:** OVIEDO, FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** OBI ENEMCHUKWU

PMTR

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date