

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 23 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006662 (7)

1. Corporation Name

TRINITY ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

3123 SUNSET CIRCLE
MARGATE FL 33063

Mailing Address

3123 SUNSET CIRCLE
MARGATE FL 33063

REINSTATEMENT

12/01/1997

4. FEI Number

65-0793345

Applied For

Not Applicable

2. Principal Place of Business

21 1170 Sunset Strip

Suite, Apt. #, etc.

22

City & State

23 Sunrise, Florida

Zip

24 33313

Country

25 Broward

2a. Mailing Address

26 1170 Sunset Strip

Suite, Apt. #, etc.

27

City & State

28 Sunrise, Florida

Zip

29 33313

Country

30 Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LOUDEN, GIFFORD
3123 SUNSET CIR.
MARGATE FL 33063

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
NAME LYNCH, WINSOME
STREET ADDRESS 3123 SUNSET CIRCLE
CITY-ST-ZIP MARGATE FL 33063

TITLE DS
NAME VAUGHN, JANNETT
STREET ADDRESS 3375 MC HENRY AVE. APT. 509
CITY-ST-ZIP CINCINNATI OH 45225

TITLE DT
NAME LOUDEN, GIFFORD
STREET ADDRESS 4093 N.W. 16TH ST.
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Linda Lynch
1.3 STREET ADDRESS 3123 Sunset Circle
1.4 CITY-ST-ZIP margate, Florida 33063

2.1 TITLE
2.2 NAME 600003308016--3
2.3 STREET ADDRESS -06/28/00--01076--007
2.4 CITY-ST-ZIP *****367.50 *****367.50

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

SIGNATURE REQUIRED

5-22-2000 954.581.4214

Date

Daytime Phone #0000406