2005 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # N99000002080 TRINITY MINISTRIES CHURCH INC. Principal Place of Business Mailing Address 4327 EMERSON STREET 4327 EMERSON STREET JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 04122005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3553461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRINSON, JIMMY JR DO NOT WRITE 3566 ROGERO ROAD JACKSONVILLE, FL 32277 IN THIS SPACE 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) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2005 10. OFFICERS AND DIRECTORS TITLE NAME BRINSON, JIMMIE JR STREET ADDRESS 3566 ROGERO ROAD <u> 110000</u>0305245 04/14/05-80074-019 70.00 CITY-ST-ZIP JACKSONVILLE, FL 32277 TITLE VPT NAME HARRIS, JAMES STREET ADDRESS 11517 BIRCHFOREST CIRCLE E CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE NAME GREENE EĀRL SR STREET ADDRESS 8244 MERIVALE ROAD DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32208 TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-\$1-208 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fifing 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 of 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

SIGNATURE:

CITY-ST-ZIP