FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000040338 (3)**

1. Corporation Name

TRINITY COMIC MINISTRIES, INC.

Principal Place of Business
5820 HICKORY STREET. #14
CALLAWAY FL 32404

Mailing Address
5820 HICKORY STREET. #14
CALLAWAY FL 32404

3. Date Incorporated or Qualified: **05/31/1994**
3a. Date of Last Report: **03/13/1995**

4. FEI Number: **59-3246612** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GAGNON, CHRISTEN D
5820 HICKORY STREET, #14
CALLAWAY FL 32404

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 607.0502 and 607.150(6), 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 607.0505, Florida Statutes.

SIGNATURE: Christen Gagnon — DATE: 2/10/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GAGNON, TIMOTHY A	
STREET ADDRESS	5820 HICKORY ST., #14	
CITY, ST, ZIP	CALLAWAY FL	
TITLE	VP	☐ DELETE
NAME	EWING, BRUCE	
STREET ADDRESS	7503 HWY 90 EAST	
CITY, ST, ZIP	MILTON FL	
TITLE	ST	☐ DELETE
NAME	GAGNON, CHRISTEN D.	
STREET ADDRESS	5820 HICKORY ST., 14	
CITY, ST, ZIP	CALLAWAY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M	☐ Change ☒ Addition
1.2 NAME	Ewing, Valerie	
1.3 STREET ADDRESS	7503 Hwy 90 East	
1.4 CITY, ST, ZIP	Milton FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christen D Gagnon — 2/10/96 — 904 913 8354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)