

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004753

**Entity Name:** FAITH TEMPLE TRINITY INC.

**Current Principal Place of Business:**

8107 NW 59TH CT  
TAMARAC, FL 33321

**Current Mailing Address:**

8107 NW 59TH CT  
TAMARAC, FL 33321 US

**FEI Number:** 39-2075255

**Certificate of Status Desired:** Yes

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

BURRELL, MICHAEL E  
8107 NW 59TH CT  
TAMARAC, FL 33321 US

*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

**Officer/Director Detail :**

Title CEO  
Name BURRELL, MICHAEL E  
Address 8107 NW 59TH CT  
City-State-Zip: TAMARAC FL 33321

Title SECR  
Name ROBERTSON, ROBIN M  
Address 165 ALBANY DRIVE  
HOUSE  
City-State-Zip: KISSIMMEE FL 34759

Title TREA  
Name DEBORAH, DAWKINS E  
Address 9432 OXFORD DRIVE  
APT  
City-State-Zip: WINTER HAVEN FL 33884

Title VP  
Name FOLKES, MALCOMB  
Address 408 SONJA LANE  
City-State-Zip: LOGANVILLE GA 30052

Title ASST. SECRETARY  
Name FOLKES, BARBARA  
Address 408 SONJA LANE  
City-State-Zip: LOGANVILLE GA 30052

Title ASST. TREASURER  
Name ANNICK, RICHARDSON  
Address 1908 RAY PLACE  
City-State-Zip: KISSIMMEE FL 34759

Title ASST. SECRETARY  
Name STACY, BROWN  
Address 326 MICHIGAN LANE  
City-State-Zip: KISSIMMEE FL 34759

*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:** MICHAEL E. BURRELL

CEO

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date