

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007421

Entity Name: HOUSE OF GOD OF THE TRINITY, INC.**Current Principal Place of Business:**37 KNOLLWOOD DRIVE
ROCKLEDGE, FL 32955**Current Mailing Address:**37 KNOLLWOOD DRIVE
ROCKLEDGE, FL 32955**FEI Number:** 13-0000074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JENKINS, YVETTE
1251 N. W. 44 STREET
MIAMI, FL 33142 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 PASTOR, FOUNDER
Name JENKINS, MIRANDA C
Address 37 KNOLLWOOD DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title VP, EXECUTIVE SECRETARY
Name JENKINS, YVETTE
Address 1251 N. W. 44 STREET
City-State-Zip: MIAMI FL 33142

Title ASSIST: SECRETARY
Name RENDER, DASIV
Address P.O BOX 237514
City-State-Zip: COCOA FL 32923

Title BOARD MEMBER, SECURITY OFFICER
Name NEWELL, SYLVESTER
Address 37 KNOLLWOOD DR
City-State-Zip: ROCKLEDGE FL 32955

Title BOARD MEMEBER, DEACON
Name COLE, WILLIE
Address 813 N. FISKE BLV
City-State-Zip: COCOA FL 33142

Title ASST DECON, BOARD MEMBER
Name EVENS, ANTHONY
Address 813 N. FISKE BLV
City-State-Zip: COCOA FL 32922

Title BOARD MEMBER
Name JENKINS, YVETTE
Address 1251 N.W. 44 STREET
City-State-Zip: MIAMI FL 33142

Title MOTHER BOARD
Name MILTON, ANNIE
Address 813 N. FISKE BLV
City-State-Zip: COCOA FL 32922

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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: MIRANDA JENKINS

PASTOR

02/20/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	MOTHER BOARD	Title	MOTHER BOARD, BOARD MEMBER
Name	MILLER, MARRY	Name	RENDER, DAISY
Address	813 N. FISKE BLV	Address	P.O BOX 237514
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32923