

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

DOCUMENT# N21000000306

**Entity Name:** TRINITY WOMEN MINISTRY COMMUNITY DEVELOPMENT  
CORP

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**4926675390CC**

**Current Principal Place of Business:**

626 REDDICK STREET  
MELBOURNE, FL 32901

**Current Mailing Address:**

P. O. BOX 2487  
MELBOURNE, FL 32902-2487 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

HARRISON, JOHNNIE S  
626 REDDICK STREET  
MELBOURNE, FL 32901 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 P  
Name HARRISON, JOHNNIE S  
Address P. O. BOX 2487  
City-State-Zip: MELBOURNE FL 32902-2487

Title VP  
Name PITTMAN, LOUISE  
Address P. IO. BOX 2487  
City-State-Zip: MELBOURNE FL 32902-2487

Title S T  
Name BENNITTO, MARIA  
Address P. O. BOX 2487  
City-State-Zip: MELBOURNE FL 32902-2487

Title DIRECTOR  
Name BARBER, SHEILA  
Address 10071 ESPERANZA CIRCLE  
APT 4  
City-State-Zip: FELLSMERE FL 32948

*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: DR. JOHNNIE S. HARRISON, PHD**

**PRESIDENT CEO**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date