

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002514

1. Entity Name  
TRINITY COMMUNITY DEVELOPMENT CORPORATION,  
INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 26 PM 12:21

Principal Place of Business  
720 N. RAILROAD ST.  
MONTICELLO, FL 32344

Mailing Address  
P.O. BOX 918  
MONTICELLO, FL 32345

2. Principal Place of Business  
1248 N. Jefferson St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Monticello, FL

City & State

Zip  
32344

Country  
USA

Zip

Country

08262004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3639325

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, FARNITA L  
720 N. RAILROAD ST.  
MONTICELLO, FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HALL, EUGENE  
STREET ADDRESS 1120 E. DOGWOOD STREET  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE VPD  
NAME SAUNDERS, SANDRA  
STREET ADDRESS 720 N. RAILROAD ST.  
CITY-ST-ZIP MONTICELLO, FL 32344 ☒ Delete

TITLE STD  
NAME MAYS, KIMBERLY  
STREET ADDRESS 265 MARVIN STREET  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Mary Madison - VPD  
NAME 1248 N. Jefferson St.  
STREET ADDRESS Monticello, FL 32344 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Clynell Washington - D  
NAME 1248 N. Jefferson St.  
STREET ADDRESS Monticello, FL 32344 ☐ Change ☒ Addition

TITLE Beverly Glown - D  
NAME 1248 N. Jefferson St.  
STREET ADDRESS Monticello, FL 32344 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-510  
8155