FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30635 (7)

1. Corporation Name
TRINITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
2280-A S. VOLUSIA AVE. ORANGE CITY FL 32763	2280-A S. VOLUSIA ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 58-1291607 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUTLAND, TIM
2062 WEST PRAIRIE CIRCLE
DELTONA FL 32725

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 607.1508, 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Tim Rutland (MD) 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	RUTLAND, MARK	1.2 NAME	
STREET ADDRESS	421 WOOD PARK WAY #103	1.3 STREET ADDRESS	8532 Redleaf Lane
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	RITCH, BOB	2.2 NAME	
STREET ADDRESS	9018 BETHEL CHURCH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIRAM GA	2.4 CITY-ST-ZIP	
TITLE	MD	3.1 TITLE	☐ Change ☐ Addition
NAME	RUTLAND, TIM	3.2 NAME	
STREET ADDRESS	2062 WEST PRAIRIE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	☐ Change ☐ Addition
NAME	MOYE, JIM	4.2 NAME	
STREET ADDRESS	1768 MORRIS LANDERS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LOCKETT, LAWRENCE	5.2 NAME	
STREET ADDRESS	1798 OAK HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, TOM	6.2 NAME	
STREET ADDRESS	940 S. STEEL BRIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	EATONTON GA	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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-17-95 904-775-9968
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #