

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005158

Entity Name: TRINITY FITNESS MINISTRIES, INC.**Current Principal Place of Business:**1754 B HIGHWAY A1A
SATELLITE BEACH, FL 32903**Current Mailing Address:**PO BOX 33621
INDIALANTIC, FL 32903**FEI Number:** 27-0250144**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALMISANO, JASON A
1754 B HIGHWAY A1A
SATELLITE BEACH, FL 32903 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 PRESIDENT, CEO
Name PALMISANO, JASON A
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title VP, TREASURER, DIRECTOR
Name HERRING, DAVID M
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title SECRETARY
Name PALMISANO, WENDY
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name RYALS, JUSTIN
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name WAECHTER, ERIC
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name HART, ALEX
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name WOLF, BRANDON
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name GUNNING, MIKE
Address PO BOX 33621
City-State-Zip: INDIALANTIC FL 32903

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: DAVID M. HERRING

VP

03/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date