

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009725

Entity Name: TRINITY SECURITY ALLIES, INC.**Current Principal Place of Business:**1753 LOCH HAVEN COURT
TRINITY, FL 34655**Current Mailing Address:**1753 LOCH HAVEN COURT
TRINITY, FL 34655 US**FEI Number:** 47-5367428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOWARD, JAMES C JR
1753 LOCH HAVEN COURT
TRINITY, FL 34655 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	DIRECTOR
Name	PLUMMER, STEVE
Address	48 HARBOR LAKE CIR
City-State-Zip:	SAFETY HARBOR FL 34695

Title	CHAIRMAN
Name	JONES, KEITH PHD
Address	19312 SUNSET BAY DR.
City-State-Zip:	LAND O LAKES FL 34638

Title	DIRECTOR
Name	HECKROTH, GREGORY
Address	1433 FLORES CT
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	WILSON, MAUREEN
Address	3152 LITTLE ROAD STE. 217
City-State-Zip:	TRINITY FL 34655

Title	SECRETARY, TREASURER
Name	SEBRING, WAYNE
Address	3508 DURRANCE ST
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VC
Name	ATHERTON, PAUL
Address	11041 SANDTRAP DRIVE
City-State-Zip:	PORT RICHEY FL 34668

Title	DIRECTOR
Name	ZERBARINI, STEVEN
Address	2007 N POINTE ALEXIS DR
City-State-Zip:	TARPON SPRINGS FL 34689

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: WAYNE SEBRING**SECRETARY, TREASURE** 04/24/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date