

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000005519

Entity Name: TRINITY FITNESS MANAGEMENT GROUP INC**Current Principal Place of Business:**3133 SKYWAY CIRCLE
UNIT 103
MELBOURNE, FL 32934**Current Mailing Address:**PO BOX 361156
MELBOURNE, FL 32936 US**FEI Number: 81-2817370****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARATTA, TIM
3133 SKYWAY CIRCLE
UNIT 103
MELBOURNE, FL 32934 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	MARATTA, TIM
Address	877 N HWY A1A #501
City-State-Zip:	INDIALANTIC FL 32903

Title	VP
Name	MARATTA, BROOKE
Address	877 N HWY A1A #501
City-State-Zip:	INDIALANTIC FL 32903

Title	TRES
Name	ALMEIDA, DAVID J
Address	627 SHERIDAN WOODS DR
City-State-Zip:	WEST MELBOURNE FL 32904

Title	SEC
Name	LUETKEMEYER, BOB
Address	4283 BLUE LAKE DR
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	BOUDIN, BRANDON
Address	541 CHEROKEE AVE
City-State-Zip:	MELBOURNE FL 32935

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: TIM MARATTA**PRESIDENT****02/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date