

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000032195

**Entity Name:** TRINITY INDEPENDENT LIVING CARE, CORP.

**Current Principal Place of Business:**

7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818

**Current Mailing Address:**

7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818 US

**FEI Number: 83-0680019**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JUSTIN, YVRONIE  
7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818 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            PRES  
Name            JUSTIN, YVRONIE  
Address        7344 COUNTRY RUN PARKWAY  
City-State-Zip: ORLANDO FL 32818

Title            VP  
Name            JUSTIN, KARLSON  
Address        7344 COUNTRY RUN PARKWAY  
City-State-Zip: ORLANDO FL 32818

Title            S  
Name            DOMOND, JANIE  
Address        7344 COUNTRY RUN PARKWAY  
City-State-Zip: ORLANDO FL 32818

Title            PRESIDENT  
Name            JUSTIN, YVRONIE  
Address        1408 HART BLVD  
City-State-Zip: ORLANDO FL 32818

Title            VP  
Name            JUSTIN, KARLSON R  
Address        1408 HART BLVD  
City-State-Zip: ORLANDO FL 32818

Title            SECRETARY  
Name            JANIE, DOMOND R  
Address        1408 HART BLVD  
City-State-Zip: ORLANDO FL 32818

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JUSTIN YVRONIE**

**PRESIDENT**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date