

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000052573

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**8838518042CC**

**Entity Name:** TRINITY ASSISTED LIVING FACILITY INC

**Current Principal Place of Business:**

8034 VILLAGE GREEN RD  
ORLANDO, FL 32818

**Current Mailing Address:**

7344 COUNTRY RUN PKWY  
ORLANDO, FL 32703 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

TERMILIE, YVRONIE JUSTIN  
7344 COUNTRY RUN PKWY  
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:** YVRONIE JUSTIN TERMILIE

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TERMILIE, YVRONIE JUSTIN  
Address 6246 SPARLING HILLS CIRCLE  
City-State-Zip: ORLANDO FL 32808

Title VP  
Name TERMILIE, WILFRID  
Address 7344 COUNTRY RUN PKWY  
City-State-Zip: ORLANDO FL 32818

Title SEC  
Name JUSTIN, KARLSON  
Address 2183 BEARDSLEY DR  
City-State-Zip: APOPKA FL 32703

*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:** YVRONIE JUSTIN TERMILIE

PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date