

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 123878

FILED
Feb 04, 2009
Secretary of State

Entity Name: TRINITY PARISH HOLDING CORPORATION

Current Principal Place of Business:

464 N.E. 16TH ST.
MIAMI, FL 331321220 US

New Principal Place of Business:

Current Mailing Address:

464 N.E. 16TH ST.
MIAMI, FL 331321220 US

New Mailing Address:

FEI Number: 59-0838103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, WILLIAM T
550 BILTMORE WAY, SUITE 810
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCAULEY, DOUGLAS W
Address: 464 N.E. 16TH STREET
City-St-Zip: MIAMI, FL 33132

Title: VPD () Delete
Name: ALLEN, LUCRETIA
Address: 13720 NE 3RD COURT
City-St-Zip: NORTH MIAMI, FL 33161

Title: VPD () Delete
Name: JAMIESON, LAURA
Address: 881 10TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: NOLAN, JAMES T
Address: 2545 BAY AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: MILLEN, JAY
Address: 4128 PAMONA AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SMITH, CLARENCE E
Address: 424 W. DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SNIDER, GARY
Address: 610 SW 22ND ROAD
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES T. NOLAN

TD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date