

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000002514

1. Entity Name
Trinity Community Development Corporation, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:51

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
120 N. Railroad St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 918
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Monticello, FL

City & State
Monticello, FL

4. FEI Number
59-3639325

Applied For
Not Applicable

Zip
32344

Country
USA

Zip
32345

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Farnita L. Saunders

Street Address (P.O. Box Number is Not Acceptable)

120 N. Railroad Street

City
Monticello FL Zip Code
32344

8. 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 *Farnita L. Saunders*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/03
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME D President
Eugene Hall
STREET ADDRESS
1120 E. Dogwood Street
CITY-ST-ZIP
Monticello, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D Vice-President
Sandra Saunders
STREET ADDRESS
120 N. Railroad Street
CITY-ST-ZIP
Monticello, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D Secretary/Treasurer
Kimberly Mays
STREET ADDRESS
265 Marvin Street
CITY-ST-ZIP
Monticello, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE *Farnita L. Saunders* Farnita Saunders 4/3/03 (850) 510-8155

CR2E037B (12/01)