

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001408

FILED
Apr 28, 2007
Secretary of State

Entity Name: TRINITY EMPOWERMENT CONSORTIUM, INC.

Current Principal Place of Business:

7 PALMS PLAZA
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

PO BOX 90987
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 04-3606759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SJO ASSOCIATES
7 PALMS PLAZA
HOMESTEAD, FL 33030 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, STEPHANYE
Address: 12519 SW 94 TER
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MCFARLANE, MARISSA
Address: PO BOX 836182
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: JOHNSON, DUANE
Address: 33 SUNDOWN DR
City-St-Zip: BELLPORT, NY 11713

Title: D () Delete
Name: GARDNER, VALERIE
Address: 610 NW 183RD ST SUITE 206
City-St-Zip: MIAMI GARDENS, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, STEPHANYE
Address: 7 PALMS PLAZA
City-St-Zip: HOMESTEAD, FL 33030

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

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

Title: D (X) Change () Addition
Name: GARDNER, VALERIE
Address: 610 NW 183RD ST SUITE 209
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Change (X) Addition
Name: WOODS, DARIN
Address: 4303 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

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

SIGNATURE: STEPHANYE JOHNSON

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04/28/2007

Electronic Signature of Signing Officer or Director

Date