

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001408

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** TRINITY EMPOWERMENT CONSORTIUM, INC.

**Current Principal Place of Business:**

15260 SW 280 ST  
SUITE 206  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 900987  
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  
15260 SW 280 ST  
SUITE 206-B  
HOMESTEAD, FL 33032 US

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

SJO ASSOCIATES  
15260 SW 280 ST  
SUITE 206-C  
HOMESTEAD, FL 33032 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:

01/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, STEPHANYE  
Address: 15260 SW 280 ST #206  
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete  
Name: MCFARLANE, MARISSA  
Address: PO BOX 900987  
City-St-Zip: HOMESTEAD, FL 33090

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

PRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date