

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 18, 2009
Secretary of State

DOCUMENT# N02000001408

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:**15260 SW 280 ST
SUITE 206
HOMESTEAD, FL 33032**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-C
HOMESTEAD, FL 33032 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: 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 (X) 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: P (X) Change () Addition
Name: JOHNSON, STEPHANYE
Address: 15260 SW 280 ST #206
City-St-Zip: HOMESTEAD, FL 33032

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

Title: D (X) Change () Addition
Name: OWANIKIN, KRAIG J
Address: 13065 SW 187 ST
City-St-Zip: MIAMI, FL 33177

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

Title: SECY (X) Change () Addition
Name: SHEPPARD, CASSANDRA
Address: 17623 HOMESTEAD AVE
City-St-Zip: MIAMI, FL 33157

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

11/18/2009

Electronic Signature of Signing Officer or Director

Date