
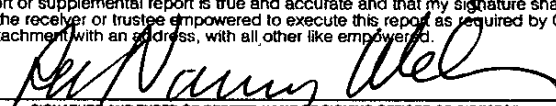


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90220 022 \*\*\*\*61.25

<b>DOCUMENT # N03000003275</b> 1. Entity Name TRINITY CHARITIES, INC.					
Principal Place of Business 7225 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243			Mailing Address 7225 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0515603	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, NANCY 7225 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, NANCY <input type="checkbox"/> Delete 7225 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURNIER, BRUCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5078 RIVER FRONT DR BRADENTON, FL 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEBER, HANK <input type="checkbox"/> Delete 7225 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDONOUGH, BECKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6211 ROSEFINCH CT BRADENTON, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPLACIDO, PAUL <input type="checkbox"/> Delete 7225 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRA, ROBERT <input type="checkbox"/> Delete 7225 N. LOCKWOOD RIDGE RD SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARVIS, HELEN <input type="checkbox"/> Delete 1374 BRENNER PK DR VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			4/13/05 941-355 0847		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		