

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003275

FILED
Jul 05, 2007
Secretary of State

Entity Name: TRINITY CHARITIES, INC.

Current Principal Place of Business:

7225 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7225 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 03-0515603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEST, MONA
7225 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEST, MONA
Address: 7225 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: HUEBER, HANK
Address: 7225 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: DIPLACIDO, PAUL
Address: 7225 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: TERRA, ROBERT
Address: 7225 N. LOCKWOOD RIDGE RD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: SARVIS, HELEN
Address: 1374 BRENNER PK DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: FOURNIER, BRUCE
Address: 5078 RIVERFRONT DR
City-St-Zip: BRADENTON, FL 34208

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: D (X) Change () Addition
Name: TRAFARI, RICHARD
Address: 2703 19TH ST CT E
City-St-Zip: BRADENTON, FL 34208

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: MONA WEST

PRES

07/05/2007

Electronic Signature of Signing Officer or Director

Date