

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003275

FILED  
Apr 06, 2009  
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)

## Name and Address of Current Registered Agent:

WEST, MONA  
7225 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243 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: P ( ) 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: TRAFARI, RICHARD  
Address: 2703 19TH ST CT E  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: BECKY, MCDONOUGH  
Address: 7225 N LOCKWOOD RIDGE RD  
City-St-Zip: SARASOTA, FL 34243

## 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: PAUL DIPLACIDO

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date