2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004079

Entity Name: TRINITY FINANCIAL INSTITUTION, INC.

FILED Sep 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2670 NW 24TH CT. 339 SW 27TH AVENUE FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** PO BOX 9366 FT. LAUDERDALE, FL 33310 FEI Number: 20-0043758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACKEY, LILLIE L 2670 NW 24 CT. FT. LAUDERDALE, FL 33311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOP () Delete () Change () Addition MACKEY, LILLIE L Name: Name: 2670 NW 24TH CT. Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: D Title: () Delete () Change () Addition Name: MACKEY, LILLIE L Name: Address: 2670 NW 24TH CT. Address: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: CVD () Delete Title: CVD (X) Change () Addition BACON, BARBARA Name: WELDON, ERNESTIN Name: Address: 6492 SW 8TH CT. Address: 261 SW 28TH TERR. City-St-Zip: N. LAUDERDALE, FL 33068 City-St-Zip: FT. LAUDERDALE, FL 33312 Title: CVD (X) Delete Title: () Change () Addition Name: WELDON, ERNESTINE Name: Address: 261 SW 28TH TERR. Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILLIE L. MACKEY CEO 09/08/2004