

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010326

1. Entity Name
TRINITY FOUNDATION, INC.



Principal Place of Business
7255 S MILITARY TRAIL
LAKE WORTH, FL 33463

Mailing Address
7255 S MILITARY TRAIL
LAKE WORTH, FL 33463



01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4545578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, TOMMY C
7255 S MILITARY TRAIL
LAKE WORTH, FL 33463

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PETERS, TOMMY C
STREET ADDRESS
4117 ALPINA CT N
CITY-ST-ZIP
BOYNTON BEACH, FL 33436

TITLE
NAME
D
CHAPPELL, TOM
STREET ADDRESS
8884 SPRING VALLEY DR SO
CITY-ST-ZIP
BOYNTON BEACH, FL 33437

TITLE
NAME
D
BRIGGS, DAVID
STREET ADDRESS
1835 CARANDIS RD
CITY-ST-ZIP
WEST PALM BEACH, FL 33406

TITLE
NAME
D
WEST, DAN
STREET ADDRESS
1571 LIVE OAK DR 633415
CITY-ST-ZIP
WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000304843
04/14/05-80059-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05

Date

561 965-41166

Daytime Phone #