


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000553947 05/15/06-80071-020 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERS, TOMMY C 4117 ALPINA CT N BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPPELL, TOM 8884 SPRING VALLEY DR SO BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIGGS, DAVID 1835 CARANDIS RD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEST, DAN 1571 LIVE OAK DR 633415 WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Daniel L West</i></u> <u>Daniel L West</u> <u>4/20/06</u> <u>965-4166</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 36-4545578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**