

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Apr 23, 2007 08:00 A
Secretary of State



04102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4545578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, TOMMY C 4117 ALPINA CT N BOYNTON BEACH, FL 33436
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPPELL, TOM 8884 SPRING VALLEY DR SO BOYNTON BEACH, FL 33437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, DAVID 1835 CARANDIS RD WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, DAN 1571 LIVE OAK DR 633415 WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000725372
05/03/07-80020-003 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (561) 965-4166
Date Daytime Phone #