2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000010326

Entity Name: TRINITY FOUNDATION, INC.

Current Principal Place of Business:

7255 S MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

7255 S MILITARY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 36-4545578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERS, TOMMY C
7255 S MILITARY TRAIL
LAKE WORTH, FL 33463 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: D ( ) Delete
Name: PETERS, TOMMY C
Address: 4117 ALPINA CT N
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete
Name: CHAPPELL, TOM
Address: 8884 SPRING VALLEY DR SO
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: BRIGGS, DAVID
Address: 1835 CARANDIS RD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: WEST, DAN
Address: 1571 LIVE OAK DR 633415
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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: TOM CHAPPELL D 04/29/2009

Electronic Signature of Signing Officer or Director — Date