

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003502

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE TRINITY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1615 SOUTH FEDERAL HIGHWAY
SUITE 202
BOCA RATON,, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1073
DEERFIELD BEACH, FL 33443 US

New Mailing Address:

FEI Number: 20-4599725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLTRA, JOHN R PRES.
1615 SOUTH FEDERAL HIGHWAY,
SUITE 202
BOCA RATON, FL 33432 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: PRES () Delete
Name: GOLTRA, JOHN R PRES
Address: 1323 FAN PALM RD
City-St-Zip: BOCA RATON, FL 33432 US

Title: V.P. () Delete
Name: LAWLESS, PAUL M V.P.
Address: 1877 SOUTH FEDERAL HIGHWAY, SUITE 210
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP () Delete
Name: BOEING, ELIZABETH A VP
Address: 5439 CENTER PINE LANE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: VP () Delete
Name: JUDGE, SUSAN C ESQ.
Address: 709 WESTFIELD RD.
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

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: /S/JOHN R. GOLTRA

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date