

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001356

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TRINITY PPAL INC.

## Current Principal Place of Business:

10320 HILLTOP DRIVE  
NEW PORT RICHEY, FL 34654

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 115  
TRINITY, FL 34656

## New Mailing Address:

FEI Number: 20-8297469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, CHARLENE R  
10320 HILLTOP DRIVE  
NEW PORT RICHEY, FL 34654 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: GORDON, CHARLENE R  
Address: PO BOX 115  
City-St-Zip: TRINITY, FL 34656

Title: D ( ) Delete  
Name: HOUSHOLDER, SHANNON  
Address: PO BOX 115  
City-St-Zip: TRINITY, FL 34656

Title: D ( ) Delete  
Name: HOUSHOLDER, CHRIS  
Address: PO BOX 115  
City-St-Zip: TRINITY, FL 34656

Title: D ( ) Delete  
Name: MARSH, PAT  
Address: PO BOX 115  
City-St-Zip: TRINITY, FL 34656

Title: D ( ) Delete  
Name: RUTHRUFF, JENNIFER  
Address: PO BOX 115  
City-St-Zip: TRINITY, FL 34656

Title: D ( ) Delete  
Name: RYZOWICZ, MICHELLE  
Address: PO BOX 115  
City-St-Zip: TRINITY, FL 34656

## 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:

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: CHARLENE GORDON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date