

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 31, 2008  
Secretary of State**

DOCUMENT# N07000012029

Entity Name: TRINITY BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

1907 LUSTERLEAF PLACE  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292  
ELFERS, FL 34680 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PETIKA, CINDY  
1907 LUSTERLEAF PLACE  
TRINITY, FL 34655 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: PETIKA, CINDY  
Address: 1907 LUSTERLEAF PLACE  
City-St-Zip: TRINITY, FL 34655

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: CINDY PETIKA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

07/31/2008

\_\_\_\_\_  
Date