

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012029

FILED  
Mar 10, 2010  
Secretary of State

**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: 27-1508875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: P  
Name: PETIKA, CINDY  
Address: 1907 LUSTERLEAF PLACE  
City-St-Zip: TRINITY, FL 34655

Title: VP  
Name: GILBERT, RICK  
Address: 7739 ARELLI DR.  
City-St-Zip: TRINITY, FL 34655

Title: S  
Name: CARA, HACHT DR.  
Address: 6650 ROWAN RD.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T  
Name: FIMIANI, LAURA  
Address: 1129 BOWSPRIT LN  
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: LAURA FIMIANI

T

03/10/2010

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

\_\_\_\_\_  
Date