

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005158

FILED
Feb 15, 2010
Secretary of State

Entity Name: TRINITY FITNESS MINISTRIES, INC.

Current Principal Place of Business:

537 OAK RIDGE DRIVE
INDIALANTIC, FL 32903

New Principal Place of Business:

205 EAST EAU GALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

PO BOX 510057
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 27-0250144 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERRING, DAVID M
3095 HIGHWAY A1A
UNIT A
MELBOURNE BEACH, FL 32951 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: PD
Name: PALMISANO, JASON A
Address: PO BOX 510057
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VPTD
Name: HERRING, DAVID M
Address: PO BOX 510057
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: SD
Name: PALMISANO, WENDY
Address: PO BOX 510057
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D
Name: ROWELL, TONY
Address: PO BOX 510057
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D
Name: LAMBDIN, DAN
Address: PO BOX 510057
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D
Name: OUTLAW, MYLA
Address: PO BOX 510057
City-St-Zip: MELBOURNE BEACH, FL 32951 US

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: DAVID M HERRING

VPTD

02/15/2010

Electronic Signature of Signing Officer or Director

Date