

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005501

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** THE TRINBAGO ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2307 BOGGY CREEK ROAD  
SUITE 27  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

6488 CURRIN DR  
ORLANDO, FL 32835 US

**Current Mailing Address:**

2307 BOGGY CREEK ROAD  
SUITE 27  
KISSIMMEE, FL 34744

**New Mailing Address:**

2307 BOGGY CREEK ROAD  
SUITE 27  
KISSIMMEE, FL 34744 US

**FEI Number:** 27-2830959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FORBES, HAZELINE  
2307 BOGGY CREEK ROAD  
SUITE 27  
KISSIMMEE, FL 34744 US

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

FORBES, HAZELINE  
2307 BOGGY CREEK RD  
SUITE 27  
KISSIMMEE, FL 34744 US

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:

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOSEPH, JOHN  
Address: 2307 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP  
Name: ROBERTS, EUNICE  
Address: 2307 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: S  
Name: MARTINEZ, CHRISTINE  
Address: 2307 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: T  
Name: FORBES, HAZELINE  
Address: 2307 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: AS  
Name: GREAVES, MARILYN  
Address: 2307 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: AT  
Name: SMITH, MILTON  
Address: 2307 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 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: HAZELINE FORBES

T

01/19/2012

Electronic Signature of Signing Officer or Director

Date