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(Re	questor's Name)	·
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE
AND ANASSEE FOR IRRIBA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2013

KRISTIN FERRINI 3152 LITLE RD. #175 TRINITY, FL 34655

SUBJECT: TRINITY ATHLETIC ASSOCIATION

Ref. Number: W13000044897

We have received your document for TRINITY ATHLETIC ASSOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 813A00019264

www.sunbiz.org

DO DOY GOOD III

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Trinity Athletic Association	
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Kristin Ferrini	
i icoivi.	Name (Printed or typed)	_
	3152 Little Rd # 175	
	Address	
	Trinity, FL 34655	
	City, State & Zip	_
	727-515-8580	
	Daytime Telephone number	

kferrini@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

In complia	ice with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME The name of the corporation shall be: Trinity A	thletic Association, TNC.	
ARTICLE II PRINCIPAL OFFICE		
Principal street address: 6000 Guilford Drive	Mailing address, if different is: 3152 Little Rd #175	
New Port Richey, FL 346	55 Trinity, FL 34655	
	Article iX - This corporation is organized exclusively for charitable purposes w	
	Code. Notwithstanding any other provisions of these articles, the corporation shall no	
	by a corporation exempt from federal income tax under section 501(c)(3) of the IRC o	
	ion of any future US Internal Revenue Law. Upon the dissolution of this organization,	
	ses within the meaning of section 501(c)(3) of the Internal Revenue Code, or correspond	
	d to the federal government, or to a state or local government, for a public put	
ARTICLE V INITIAL OFFICERS AND		
Name and Title: Daniel Boon, President	ent Name and Title: Kristin Ferrini, Treasurer	
Address 6000 Guilford Dr	Address: 3152 Little Rd #175	
New Port Richey, FL 3	4655 Trinity, FL 34655	
Name and Title: Scott Moore, VP	Name and Title: Kimber Moore, Secretary	
Address 3152 Little Rd #175	Address: 3152 Little Rd #175	
Trinity, FL 34655	Trinity, FL 34655	
Name and Title: Keith Satterwhite, VP	Name and Title:	

Address:

3152 Little Rd #175

Trinity, FL 34655

Address

Name and Title:		Name and Title:			
Address		Address:			
_					
Name and Title:		Name and Title:			
Address		Address:			
					
ARTICLE VI	REGISTERED AGENT				
	ida street address (P.O. Box NOT accept	ptable) of the registered agent is:			
Name:	Daniel Boon				
Address:	6000 Guilford Dr		A	ಪ	
	New Port Richey, FL 3	4655	LAH.	SEP P	<u>a</u>
			TARY OF STATE HASSEE, FLORIBA	20	Emaked.
ARTICLE VII	INCORPORATOR	,	E C	7	
The <u>name and add</u>	ress of the Incorporator is:		FLO		- "
Name:	Daniel Boon		IR ATE	90:1	A CHARLES
Address:	6000 Guilford Dr	···	Þ	J .,	
	New Port Richey, FL 3	4655			
			4* 4 48 8	Jania.	وأمله سالمديد
certificate, I am fa	ed as registered agent to accept service mil <u>i</u> or with and accept the appointment o	of process for the above stated corporal is registered agent and agree to act in thi	uon at the place t is capacity	uesign	uteu in inis
	Color		7/29/	13	
	Required Signature of Registered	Agent .	Date	10	
I submit this docu	• •	ein are true. I am aware that any false in	eformation submit	ted in	a document
to the Department	of State constitutes a third degree felony	as provided for in s.817.155, F.S.	,	1	
<i>,</i>	anne 7 Goon		7/29	12	`
	Required Signature of Incomparison	rporator	Date	<u> </u>	