

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14142</b>	
1. Entity Name <b>TRINITY MINISTRIES, INC.</b>	



Principal Place of Business <b>101 LINDA LANE PALATKA FL 32177 US</b>	Mailing Address <b>101 LINDA LANE PALATKA FL 32177 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/05)
4. FEI Number <b>59-2730794</b>	Applied For Not Applicable

6. Name and Address of Current Registered Agent
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<b>PRICE, FRANK JAMES 101 LINDA LANE PALATKA FL 32177</b>
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>
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9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS
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TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, MICHELE	
STREET ADDRESS	BOX 47	
CITY-ST-ZIP	SUNDRE, ALBERTA to-mixo	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRICE, FRANK JAMES	
STREET ADDRESS	101 LINDA LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERIN, CHARLOTTE	
STREET ADDRESS	3201 SILVER LAKE DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GAFFNEY, VIRGINIA	
STREET ADDRESS	RT. 1, BOX 310	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, PATRICIA A.	
STREET ADDRESS	101 LINDA LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, MICHAEL J.	
STREET ADDRESS	180 LINDA LANE	
CITY-ST-ZIP	PALATKA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 517, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE	<i>Frank James Price</i>	FRANK JAMES PRICE	4-26-06	386-328-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				