

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001408

Entity Name: TRINITY EMPOWERMENT CONSORTIUM, INC.**Current Principal Place of Business:**11885 SW 216TH ST
SUITE A
MIAMI, FL 33170**Current Mailing Address:**PO BOX 97-1790
MIAMI, FL 33197 US**FEI Number:** 04-3606759**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SJO ASSOCIATES
11885 SW 216TH ST
SUITE A FRONT BOX 5
GOULDS, FL 33170 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:** STEPHANYE JOHNSON

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, STEPHANYE
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title TREASURER
Name MCFARLANE-LINDSEY, MARISSA
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title SECRETARY
Name SHEPPARD, CASSANDRA
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title DIRECTOR
Name MCKNIGHT, JOSHUA
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title DIRECTOR
Name LAPIANA, MICHELLE
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title DIRECTOR
Name GARCIA, MARTHA
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title DIRECTOR
Name PENA, MARLUIS
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

Title DIRECTOR
Name ALVAREZ, STEPHEN
Address PO BOX 97-1790
City-State-Zip: MIAMI FL 33197

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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: STEPHANYE JOHNSON

PRESIDENT

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PERAZA, JUDITH M
Address	PO BOX 97-1790
City-State-Zip:	MIAMI FL 33197