

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003275

Entity Name: TRINITY CHARITIES, INC.**Current Principal Place of Business:**7225 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243**Current Mailing Address:**7225 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243**FEI Number:** 03-0515603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRY, HUEBER
7225 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HENRY, HUEBER
Address	7225 NORTH LOCKWOOD RIDGE ROAD
City-State-Zip:	SARASOTA FL 34243

Title	D
Name	DIPLACIDO, PAUL
Address	7225 NORTH LOCKWOOD RIDGE ROAD
City-State-Zip:	SARASOTA FL 34243

Title	T
Name	TERRA, ROBERT
Address	7225 N. LOCKWOOD RIDGE RD
City-State-Zip:	SARASOTA FL 34243

Title	D
Name	TRAFARI, RICHARD
Address	2703 19TH ST CT E
City-State-Zip:	BRADENTON FL 34208

Title	DIRECTOR OF ADMINISTRATION
Name	KASPAR, GREGORY F
Address	7225 LOCKWOOD RIDGE RD
City-State-Zip:	SARASOTA FL 34243

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: GREGORY F KASPAR**DIRECTOR OF
ADMINISTRATION****02/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date