

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 123878

Entity Name: TRINITY PARISH HOLDING CORPORATION**Current Principal Place of Business:**464 NE 16TH ST.
MIAMI, FL 33132-1220**Current Mailing Address:**464 NE 16TH ST.
MIAMI, FL 33132-1220 US**FEI Number:** 59-0838103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUIR, WILLIAM T
550 BILTMORE WAY
SUITE 810
CORAL GABLES, FL 33134 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	PD
Name	MCCALEB, DOUGLAS W
Address	464 NE 16TH STREET
City-State-Zip:	MIAMI FL 33132

Title	VPD
Name	SMITH, CLARENCE E DR.
Address	424 W DILIDO DRIVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	S
Name	PEREZ, ALEX
Address	1756 N. BAYSHORE DR., #21-G
City-State-Zip:	MIAMI FL 33132

Title	VPD
Name	MUIR, WILLIAM T ESQ.
Address	550 BILTMORE WAY SUITE 810
City-State-Zip:	CORAL GABLES FL 33134

Title	TD
Name	NOLAN, JAMES T
Address	2545 BAY AVE
City-State-Zip:	MIAMI BEACH FL 33140

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CANON JAMES T. NOLAN**TREASURER****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date