## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707000** 

FILED Feb 18, 2009 Secretary of State

Entity Name: TRINITY COLLEGE OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2430 WELBILT BLVD NEW PORT RICHEY, FL 34655 LIS **Current Mailing Address: New Mailing Address:** 2430 WELBILT BLVD NEW PORT RICHEY, FL 34655 US FEI Number: 59-6155069 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINES, J. BRADFORD HINES, J. BRADFORD 9800 FOURTH ST. NORTH 100 2ND AVENUE S SUITE 403 SUITE 301N SAINT PETERSBURG, FL 33702 US SAINT PETERSBURG, FL 33701 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: 02/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Delete () Change () Addition ASH, TOM Name: Name: 616 HARTFORD LN Address: Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: () Delete Title: () Change () Addition LANPHER, JAMES E Name: Name: Address: 2430 WELBILT BLVD. Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: Title: STD () Delete Title: () Change () Addition HINES, J. BRADFORD Name: Name: 100 SECOND AVE S STE 301N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: MURRAY, RAYMOND E Name: 2502 N ROCKY PT DR STE 970 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition O'FARRELL, MARK T Name: Name: 2430 WELBILT BLVD. Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition DEPOUTOT, ALBERT R HENRICKSEN, RICHARD C Name: Name: Address: 2430 WELBILT BLVD Address: 2430 WELBILT BLVD NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK T. O'FARRELL PRES 02/18/2009