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FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707696 (1)

1. Corporation Name
PALMER TRINITY PRIVATE SCHOOL, INC.



Principal Place of Business: **7900 SOUTHWEST 176TH STREET MIAMI FL 33157-6242**
 Mailing Address: **7900 SOUTHWEST 176TH STREET MIAMI FL 33157-6242**

3. Date Incorporated or Qualified: **08/12/1964**
 4. FEI Number: **23-7098500**
 Applied For: Not Applicable:

2. Principal Place of Business: **21** Suite, Apt. #, etc. **26**
 City & State: **27**
 Zip: **24** Country: **25** **28** **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, H. WILLIAM, JR.
WHITE & CASE
200 SOUTH BISCAYNE BLVD., #4900
MIAMI FL 33131-2352

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VCT	<input type="checkbox"/> DELETE
NAME	KLOCK, JOE	
STREET ADDRESS	5095 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	ARGIZ, TONY	
STREET ADDRESS	217 VISTALMAR ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	O'DONNELL, TONY	
STREET ADDRESS	1129 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	SOUTO, IRENE	
STREET ADDRESS	585 MARQUESA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALKER, LAURA C.	
STREET ADDRESS	6255 SW 92ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura C Walker* LAURA C. WALKER 1-6-97 (305)251-2230

CR2E037 (10/97)