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Secretary of State

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ANNUAL REPORT
1999



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707696

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1964	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7098500	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VCT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VCT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROCKY JOE		1.2 NAME	JACK BRUMBAUGH			
STREET ADDRESS	5080 SW 82ND ST		1.3 STREET ADDRESS	9050 SW 52 AVENUE			
CITY-ST-ZIP	MIAMI		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156			
TITLE	TRES	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARON TONY		2.2 NAME	PETER FRUITT			
STREET ADDRESS	217 VISTALMAN ST		2.3 STREET ADDRESS	6520 SW 131 STREET			
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	MIAMI, FL 33156			
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	O'DONNELL, TONY		3.2 NAME				
STREET ADDRESS	1129 PALERMO AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP				
TITLE	CT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	CT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOLIDY RENEE		4.2 NAME	SUSAN MOLL			
STREET ADDRESS	1501 MARQUESA DRIVE		4.3 STREET ADDRESS	1510 FERDINAND STREET			
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134			
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALKER, LAURA C.		5.2 NAME				
STREET ADDRESS	6255 SW 92ND STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Laura C Walker, President
 Date: 6-15-99
 Daytona Phone # (305) 251-2230

CR2037 (1/98)