

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90127 024 ****70.00

DOCUMENT # 707696

1. Entity 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

975275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7098500

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, H. WILLIAM, JR.
200 S. BISCAYNE BLVD
WHITE AND CASE SUITE 4900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | VCT | <input type="checkbox"/> Delete |
| NAME | BRUMBAUGH, JACK | |
| STREET ADDRESS | 9050 SW 52 AVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33156 | |
| TITLE | TRES | <input type="checkbox"/> Delete |
| NAME | PRUITT, PETER | |
| STREET ADDRESS | 6520 SW 131 ST | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | ANTONOPOULOS, SUSIE | |
| STREET ADDRESS | 7320 MINDELLO ST | |
| CITY-ST-ZIP | CORAL GABLES FL 33143 | |
| TITLE | CT | <input type="checkbox"/> Delete |
| NAME | MOLL, SUSAN | |
| STREET ADDRESS | 1510 FERDINAND ST | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| 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 | | |

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | MARIA ABRAU - VC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 10224 S.W. 87 CT. | |
| STREET ADDRESS | MIAMI, FL. 33176 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura C. Walker*

8/15/02 (305)969-4202

CR2E037 (4/02)