

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707696

FILED  
Jan 12, 2007  
Secretary of State

Entity Name: PALMER TRINITY PRIVATE SCHOOL, INC.

**Current Principal Place of Business:**

7900 SOUTHWEST 176TH STREET  
PALMETTO BAY, FL 331576242

**New Principal Place of Business:**

**Current Mailing Address:**

7900 SOUTHWEST 176TH STREET  
PALMETTO BAY, FL 331576242

**New Mailing Address:**

FEI Number: 23-7098500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUMBAUGH, JACK  
RICHMAN, GREER  
201 S. BISCAYNE BLVD. 10TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: BRUMBAUGH, JACK  
Address: 6479 SUNSET DRIVE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T      ( ) Delete  
Name: ALONSO, ANTONIO  
Address: 3315 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VC      (X) Delete  
Name: LANE, TINA  
Address: 6930 GRANADA BLVD  
City-St-Zip: CORAL GABLES, FL 33146

Title: S      ( ) Delete  
Name: MILGRAM, MARIAN  
Address: 4120 KIAORA STREET  
City-St-Zip: MIAMI, FL 33133

Title: P      ( ) Delete  
Name: MURPHY, JOHN  
Address: 7900 SW 176 STREET  
City-St-Zip: PALMETTO BAY, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: MORRISON, WILLIAM  
Address: 315 SOLANO PRADO  
City-St-Zip: CORAL GABLES, FL 33156

Title: T      (X) Change ( ) Addition  
Name: TITLEY, JO-ANN  
Address: 5290 FAIRCHILD WAY  
City-St-Zip: CORAL GABLES, FL 33156

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MURPHY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/12/2007

\_\_\_\_\_  
Date