

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90140 035 \*\*\*\*70.00

**DOCUMENT # 707696**

1. Entity Name  
**PALMER TRINITY PRIVATE SCHOOL, INC.**



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **23-7098500**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VCT</b>	<input type="checkbox"/> Delete
NAME	<b>BRUMBAUGH, JACK</b>	
STREET ADDRESS	<b>9050 SW 52 AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	
TITLE	<b>TRES</b>	<input type="checkbox"/> Delete
NAME	<b>PRUITT, PETER</b>	
STREET ADDRESS	<b>6520 SW 131 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>ABREV, MARIA</b>	
STREET ADDRESS	<b>10224 SW 87 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> Delete
NAME	<b>MOLL, SUSAN</b>	
STREET ADDRESS	<b>1510 FERDINAND ST</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, LAURA C.</b>	
STREET ADDRESS	<b>6255 SW 92ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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		
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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: *William Walker* **2-28-03 305-2512230**

CR2E037 (10/02)