FILE NOW: FILING FEE IS $61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 712073 (6)

1. Corporation Name
TRINITY TOWERS, INC.

Principal Place of Business	Mailing Address
650 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901	650 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901-4753

3. Date Incorporated or Qualified: 01/12/1967
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-6197618 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WHITE, JAMES M
8021 PINE NEEDLE LN
W MELBOURNE FL 32904

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BOYER,ALEX W		1.2 NAME	Rev. John Miller	
STREET ADDRESS	633 E. MELBOURNE AVE.		1.3 STREET ADDRESS	610 Young Street	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	THORNBURG, WILLIAM		2.2 NAME	Tom Peake, M.D.	
STREET ADDRESS	225 CAMPBELL DR		2.3 STREET ADDRESS	3194 Cibciyrse Road	
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, ARLAND		3.2 NAME		
STREET ADDRESS	930 S. HARBOR CITY BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLZER, O.A.		4.2 NAME		
STREET ADDRESS	1014 RIVERSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITELEY, BARBARA		5.2 NAME		
STREET ADDRESS	2078 MINTON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	W. MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALLEY, ROBERT J.		6.2 NAME		
STREET ADDRESS	609 E FRANKLYN AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: _____ 2/6/97 407-723-7512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR The Rev. Alex W. Boyer, Pres. Daytime Phone # 0018411