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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

01/12/1967

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BOYER, ALEX W**
STREET ADDRESS **633 E. MELBOURNE AVE.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE
NAME **SD THORNBURG, WILLIAM**
STREET ADDRESS **225 CAMPBELL DR**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE
NAME **D ADAMS, ARLAND**
STREET ADDRESS **930 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE
NAME **D HOLZER, O.A.**
STREET ADDRESS **1014 RIVERSIDE DRIVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ DELETE
NAME **D WHITELEY, BARBARA**
STREET ADDRESS **2078 MINTON ROAD**
CITY-ST-ZIP **W. MELBOURNE FL**

TITLE ☐ DELETE
NAME **D MALLEY, ROBERT J.**
STREET ADDRESS **609 E FRANKLYN AVENUE**
CITY-ST-ZIP **INDIALANTIC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Rev. John Miller**
1.4 CITY-ST-ZIP **610 Young Street
Melbourne, FL 32935**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Tom Peake, M.D.**
2.4 CITY-ST-ZIP **3194 Cibciyrse Road
Melbourne, FL 32934**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

[Signature]

1-28-98

CR2E037 (10/97)