FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on a

SIGNATURE:

attachment with

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 712073** 04-11-2001 90117 045 ****61.25 TRINITY TOWERS, INC. Principal Place of Business Mailing Address 650 E. STRAWBRIDGE AVENUE 650 E. STRAWBRIDGE AVENUE TUUUU MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-6197618 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, JAMES M 8021 PINE NEEDLE LN W MELBOURNE FL 32904 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D Delete PD TITLE ☐ Change Addition Addition TITLE Rev. John Miller NAME BOYER.ALEX W NAME STREET ADDRESS 610 Young Street STREET ADDRESS 633 E. MELBOURNE AVE. CITY-ST-7IP CITY-ST-ZIP Melbourne, FL 32935 MELBOURNE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME THORNBURG, WILLIAM NAME Tom Peaks, MD. STREET ADDRESS STREET ADDRESS 225 CAMPBELL DR 3195 Concourse Road CITY-ST-ZIP CITY-ST-7IP **MELBOURNE FL 32901** Melbourne, FL 32934 TITLE ☐ Change Addition TITLE ☐ Delete NAME ADAMS, ARLAND NAME Ron Meeham 900 E. New Haven Ave. STREET ADDRESS STREET ADDRESS 930 S. HARBOR CITY BLVD. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Melbourne, FL 32901 Detete TITLE TITLE ☐ Change Addition Ralph Geilich NAME NAME HOLZER, O.A. 703 E. New Haven Ave. STREET ADDRESS STREET ADDRESS 1014 RIVERSIDE DRIVE Melbourne, FL CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL ☐ Delete TITLE ☐ Change Addition WHITELEY, BARBARA NAME NAME Rev. Dabney Smith STREET ADDRESS 2078 MINTON ROAD STREET ADDRESS 50 W. Strawbridge Ayenue CITY - ST - ZIP CITY-ST-ZIP W. MELBOURNE FL TITLE Delete TITLE D Addition MALLEY, ROBERT J. NAME NAME Nancy Granger 50 W. Strawbridge Ave. STREET ADDRESS STREET ADDRESS 609 E FRANKLYN AVENUE CITY-ST-71P CITY-ST-ZIP INDIALANTIC FL 32901 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature so of the corporation or the receiver or trustee employered to execute this report as required by

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ave the same legal effect as if made under oath; that I am an officer or director opter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if