2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90032 006 ****61.25

DOCUMENT # 712073

1. Entity Name
TRINITY TOWERS, INC.

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

944051535

01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, JOHN REV.
STREET ADDRESS	610 YOUNG ST.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	PEAKS, TOM MD
STREET ADDRESS	3195 CONCOURSE RD.
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	MEEHAM, RON
STREET ADDRESS	900 E. NEW HAVEN DR. AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	BOYER, ALEX W
STREET ADDRESS	622 E MELBOURNE AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	SMITH, DABNEY REV.
STREET ADDRESS	50 W STRAWBRIDGE AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	GRANGER, NANCY
STREET ADDRESS	50 W STRAWBRIDGE AVE
CITY-ST-ZIP	MELBOURNE, FL 32901

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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: Alex W Boyer Rev Alex W. Boyer 4-2-4 321-723-7512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #