2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2008
Secretary of State

DOCUMENT# N97000003405

Entity Name: TRINITY LAKES FOUNDATION, INC.

Current Principal Place of Business:

483 NORTH BEACH STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

483 NORTH BEACH STREET
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3452566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLOVER, PETER M
483 NORTH BEACH STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: GLOVER, PETER M
Address: 483 N BEACH ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: CD ( ) Delete
Name: BLACK, HARRY H
Address: 27 BROOK CREST WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS ( ) Delete
Name: SMITH, DANA
Address: 5 ARCHANGEL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: LAMM, JEFF
Address: 4 SUGAR MILL LANE SOUTH
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete
Name: JOHNSON, ROBERT L
Address: 200 SOUTH RIDGEWOOD AVE.
City-St-Zip: DAYTONA BEACH,, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER M. GLOVER DT 06/08/2008

Electronic Signature of Signing Officer or Director — Date