## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N97000003405**

1. Entity Name



**FILED** 

**Secretary of State** 

Jan 27, 2003 8:00 am

01-27-2003 90141 042 \*\*\*\*61.25 TRINITY LAKES FOUNDATION, INC. Principal Place of Business Mailing Address 150 MAGNOLIA AVENUE 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3452566 City: & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent many was a superior of the sup PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25  $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DT TITLE ☐ Delete TITLE Change ☐ Addition GLOVER, PETER M. NAME NAME STREET ADDRESS 483 N BEACH ST/ STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change BLACK, HARRY H NAME NAME STREET ADDRESS 11 NOBLE WOODS WAY STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP Delete TITLE NAME SMITH, DANA NAME STREET ADDRESS **5 ARCHANGEL CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** ☐ Delete TITLE TITI F Change ☐ Addition NAME LAMM, JEFF NAME STREET ADDRESS 4 SUGAR MILL LANE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Delete TITLE ☐ Change ☐ Addition NICHOLS, CHUCK NAME NAME 1796 WATERBURY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition POLZELLA, CAROL NAME NAME STREET ADDRESS 1207 N BEACH STREET STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP

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: