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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003480 (8)**

1. Corporation Name

TRINITY EVANGELICAL DIVINITY SCHOOL, INC.

Principal Place of Business

**2065 HALF DAY ROAD
DEERFIELD IL 60015**

Mailing Address

**2065 HALF DAY ROAD
DEERFIELD IL 60015-1241**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

3. Date Incorporated or Qualified

07/09/1986

3a. Date of Last Report

4. FEI Number

36-2801013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**TAYLOR, MILLIE
500 NE FIRST AVE.
MIAMI FL 33132**

10. Name and Address of New Registered Agent

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 617.1506, 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 **C** ☒ DELETE
NAME **ANDERSON, WARREN**
STREET ADDRESS **1240 GROVE ST.**
CITY-ST-ZIP **LAKE FOREST IL**

TITLE **C** ☒ DELETE
NAME **ROUSE, JERRY**
STREET ADDRESS **2800 EAST CO RD E**
CITY-ST-ZIP **WHITE BEAR LAKE MN**

TITLE **D** ☐ DELETE
NAME **ANONSEN, STAN**
STREET ADDRESS **4505 HARBOR CT.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **CLEETON, DOUGLAS**
STREET ADDRESS **1829 NORMANDY WAY**
CITY-ST-ZIP **LEESBURG FL**

TITLE **P** ☐ DELETE
NAME **WAYBRIGHT, GREGORY**
STREET ADDRESS **2065 HALF DAY ROAD**
CITY-ST-ZIP **DEERFIELD IL**

TITLE **S** ☐ DELETE
NAME **LUNDELL, MILO**
STREET ADDRESS **2065 HALF DAY RD.**
CITY-ST-ZIP **DEERFIELD IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **Brad Smith**
1.3 STREET ADDRESS **311 Forrester Drive**
1.4 CITY-ST-ZIP **Cottage Grove WI 53527**

2.1 TITLE **PAT** ☒ Change ☐ Addition
2.2 NAME **GARY ERLANDSON**
2.3 STREET ADDRESS **736 McKinley**
2.4 CITY-ST-ZIP **Mundelein IL 60060**

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 do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

847-317-7087

Daytime Phone # 0076487

CR2E037 (9/96)