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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003480 (8)

1. Corporation Name
Trinity Evangelical Divinity School, Inc

Principal Place of Business	Mailing Address
2065 Half Day Road Deerfield IL 60015	2065 Half Day Road Deerfield IL 60015

3. Date Incorporated or Qualified: 7-9-96

4. FEI Number: 36-2801013 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Taylor, Millie 500 N.E First Ave. Miami FL 33132	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 617.1508, 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Brad Smith		1.2 NAME		
STREET ADDRESS	311 Forreston Drive		1.3 STREET ADDRESS		
CITY-ST-ZIP	Cottage Grove WI 53527		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Gary Erhandson		2.2 NAME		
STREET ADDRESS	736 McKinley		2.3 STREET ADDRESS		
CITY-ST-ZIP	Hanchelein IL 60060		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Stan Anousen		3.2 NAME		
STREET ADDRESS	4505 Harbor Ct.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Meyers FL 33908		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Douglas Clecton		4.2 NAME		
STREET ADDRESS	1629 Normandy Way		4.3 STREET ADDRESS		
CITY-ST-ZIP	Leesburg FL 34748		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	Greg Waybright		5.2 NAME		
STREET ADDRESS	2065 Half Day Road		5.3 STREET ADDRESS		
CITY-ST-ZIP	Deerfield IL 60015		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	400002474534	☐ Change ☐ Addition
NAME	Milo Lundell		6.2 NAME	-04/01/98--01006--020	
STREET ADDRESS	2065 Half Day Road		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	Deerfield IL 60015		6.4 CITY-ST-ZIP		

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14. 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 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: Gary Erhandson — Gary Erhandson — 3-17-98 — 317-708?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)