

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707000

FILED
Jan 09, 2004
Secretary of State

Entity Name: TRINITY COLLEGE OF FLORIDA, INC.

Current Principal Place of Business:

2430 WELBILT BLVD.
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

2430 WELBILT BLVD.
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-6155069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, J. BRADFORD
9800 FOURTH ST. NORTH
SUITE 403
SAINT PETERSBURG, FL 33702 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: CD () Delete
Name: ASH, TOM
Address: 15737 GREEN GLEN LANE
City-St-Zip: SHADY HILLS, FL 34610

Title: V () Delete
Name: LANPHER, JAMES E
Address: 2430 WELBILT BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD () Delete
Name: MASSEY, CHARLES
Address: 12401 N. 22ND ST. APT. A-606
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MURRAY, RAYMOND E
Address: 5301 W CYPRESS ST SUITE 202
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: LAMPHER, BILL W
Address: 2430 WELBILT BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V () Delete
Name: DEPOUTOT, ALBERT R
Address: 2430 WELBILT BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: HINES, J. BRADFORD
Address: 9800 FOURTH ST. NORTH, SUITE 403
City-St-Zip: SAINT PETERSBURG, FL 33702

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

Title: P (X) Change () Addition
Name: LANPHER, BILL W
Address: 2430 WELBILT BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL W. LANPHER

P

01/09/2004

Electronic Signature of Signing Officer or Director

Date