

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707000

Entity Name: TRINITY COLLEGE OF FLORIDA, INC.**Current Principal Place of Business:**2430 WELBILT BLVD
TRINITY, FL 34655**Current Mailing Address:**2430 WELBILT BLVD.
TRINITY, FL 34655 US**FEI Number: 59-6155069****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HINES, J. BRADFORD
5885 27TH ST S
SAINT PETERSBURG, FL 33712 US*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**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY, TREASURER
Name	HINES, J. BRADFORD
Address	5885 27TH ST S
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	DIRECTOR, CHAIRMAN
Name	BRANDT, EDWARD W III
Address	1102 HELMSLEY RD
City-State-Zip:	WILLIAMSBURG VA 23185

Title	PRESIDENT
Name	O'FARRELL, MARK T
Address	2430 WELBILT BLVD.
City-State-Zip:	TRINITY FL 34655
Title	DIRECTOR, VC
Name	CHAPMAN, TOM
Address	1901 ULMERTON RD STE 475
City-State-Zip:	CLEARWATER FL 33762

I hereby 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 all other like empowered.

SIGNATURE: MARK T. O'FARRELL**PRESIDENT****01/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date