

**2015 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  
116 6TH ST S  
SAINT PETERSBURG, FL 33701 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 D  
Name ASH, TOM  
Address 1634 CYPRESS PT  
City-State-Zip: LADY LAKE FL 32159Title CD  
Name WHITEHEAD, JOHN W  
Address 5730 COLUMBIA CIR  
City-State-Zip: WEST PALM BEACH FL 33407Title SD  
Name HINES, J. BRADFORD  
Address 116 6TH ST S  
City-State-Zip: SAINT PETERSBURG FL 33701Title P  
Name O'FARRELL, MARK T  
Address 2430 WELBILT BLVD.  
City-State-Zip: TRINITY FL 34655Title V  
Name WILLARD, PAUL S  
Address 2430 WELBILT BLVD  
City-State-Zip: TRINITY FL 34655

*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****01/19/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date