

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707696

**FILED**  
**Jan 03, 2014**  
**Secretary of State**  
**CC3641989860**

**Entity Name:** PALMER TRINITY PRIVATE SCHOOL, INC.

**Current Principal Place of Business:**

7900 SOUTHWEST 176TH STREET  
PALMETTO BAY, FL 33157-6242

**Current Mailing Address:**

7900 SOUTHWEST 176TH STREET  
PALMETTO BAY, FL 33157-6242

**FEI Number:** 23-7098500

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUDOVICI, SUSAN  
LUDOVICI & LUDOVICI  
17415 SOUTH DIXIE HIGHWAY  
PALMETTO BAY, FL 33157 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 TRUSTEE  
Name MORRISON, WILLIAM  
Address 315 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

Title TRUSTEE  
Name LUDOVICI, SUSAN  
Address 17415 SOUTH DIXIE HIGHWAY  
City-State-Zip: PALMETTO BAY FL 33157

Title CHAIRMAN  
Name BAIAMONTE, MICHAEL  
Address 16340 SW 84TH PLACE  
City-State-Zip: PALMETTO BAY FL 33157

Title INTERIM HEAD OF SCHOOL  
Name THOMAS, REID  
Address 7900 SW 176 STREET  
City-State-Zip: PALMETTO BAY FL 33157

Title TRUSTEE  
Name DAVIDSON, JAMES  
Address 1395 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

Title TRUSTEE  
Name KALBAC, JOSEPH JR.  
Address 5750 SW 48TH STREET  
City-State-Zip: MIAMI FL 33155

Title TREASURER, CHAIR FINANCE -  
AUDIT COMMITTEE  
Name KLENK, CHARLES  
Address 15040 SW 176TH COURT  
PALMETTO BAY  
City-State-Zip: FL FL 33158

Title DIRECTOR FINANCE AND  
OPERATIONS, CFO CPA  
Name CHAO, JOSE  
Address 7900 SOUTHWEST 176TH STREET  
FINANCE DEPARTMENT  
City-State-Zip: PALMETTO BAY FL 33157-6242

**Continues on page 2**

*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:** JOSE CHAO

**DIRECTOR FINANCE AND OPERATIONS, CFO CPA** 01/03/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title HEAD OF SCHOOL  
Name ROBERTS, PATRICK  
Address 7900 SOUTHWEST 176TH STREET  
City-State-Zip: PALMETTO BAY FL 33157-6242

Title TRUSTEE  
Name CORBISHLEY, FRANK J. REVEREND  
Address 921 SOROLLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title TRUSTEE  
Name REID, JENNIE LOU REVEREND  
Address 840 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134