2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90249 001 ***228.75

DOCUMENT # 123878

1. Entity Name
TRINITY PARISH HOLDING CORPORATION

Principal Place of Business	Mailing Address
464 N.E. 16TH ST. MIAMI FL 33132-1220 US	464 N.E. 16TH ST. MIAMI FL 33132-1220 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0838103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRICKBAUM, DONALD W. 464 N.E. 16TH STREET MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRICKBAUM, DONALD W. 464 N.E. 16TH STREET MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE; ANNE S 519 LORETTO AVENUE MIAMI FL 33146	☒ Delete	TREASURER MR. ROBERT SMITH 230 NE 94 STREET MIAMI FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOTER, CURT 20 ISLAND AVE. 203 MIAMI BEACH FL 33139	☒ Delete	SECRETARY MRS. DOROTHY HOLMES 1010 NE 81 STREET MIAMI FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, PHILLIP W. 2130 SW22 TERRACE MIAMI FL 33145-3513	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUIR, CELESTE H HON 3855 STEWART AVENUE COCOMUT GROVE FL 33133	☐ Delete	SENIOR WARDEN/VICE PRES. MRS. SHIRLEY PARDON 5724 NORTH BAYSHORE DRIVE MIAMI FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 4/12/02 305 374 3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #