SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:21

DOCUMENT # 707000 (6)

1. Corporation Name

TRINITY COLLEGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2430 TRINITY OAKS BLVD NEW PORT RICHEY FL 34655 US	TRINITY COLLEGE OF FLORIDA, INC. 2430 TRINITY OAKS BLVD. NEW PORT RICHEY FL 34655 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1964
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6155069 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MERRILL, MARK W.
ICARD MERRILL CULLIS TIMM FUREN & GINSBERG
101 E. KENNEDY BLVD., SUITE 3570
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MURRAY, RAY	12 NAME		
STREET ADDRESS	5301 W. CYPRESS ST. STE. 103	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HAMMER, KAY	22 NAME		
STREET ADDRESS	1002 S. HARBOR ISLAND BLVD. #200	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	WATSON, MRS W T	32 NAME		
STREET ADDRESS	8251 31ST TERR N	33 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	C	☒ Change ☐ Addition
NAME	SMITH, JAMES O.	42 NAME	Tom Ash	
STREET ADDRESS	3000 E. FLETCHER AVE. #200	43 STREET ADDRESS	16737 Green Glen Lane	
CITY-ST-ZIP	TAMPA FL 33613	44 CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	SPEED, GLEN C	52 NAME		
STREET ADDRESS	7032 WOODBIS DR	53 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	SALING, GARY	62 NAME		
STREET ADDRESS	PO BOX 1608 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn C. Speed 6/05/95 813-376-6911
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0017027