

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707000 (6)

1. Corporation Name

TRINITY COLLEGE OF FLORIDA, INC.



Principal Place of Business

2430 TRINITY OAKS BLVD
NEW PORT RICHEY FL 34655
US

Mailing Address

TRINITY COLLEGE OF FLORIDA, INC.
2430 TRINITY OAKS BLVD.
NEW PORT RICHEY FL 34655
US

3. Date Incorporated or Qualified
03/18/1964

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MURRAY, RAY
STREET ADDRESS 5301 W. CYPRESS ST. STE. 103
CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME HAMMER, KAY
STREET ADDRESS 1002 S. HARBOR ISLAND BLVD. #200
CITY-ST-ZIP TAMPA FL 33602

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME WATSON, MRS W T
STREET ADDRESS 8251 31ST TERR N
CITY-ST-ZIP ST PETERSBURG, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C ☐ DELETE
NAME ASH, TOM
STREET ADDRESS 15737 GREEN GLEN LANE
CITY-ST-ZIP SPRING HILL FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME SPEED, GLEN C
STREET ADDRESS 7032 WOODBIS DR
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD ☐ DELETE
NAME SALING, GARY
STREET ADDRESS PO BOX 1608 N/A
CITY-ST-ZIP TARPON SPRINGS FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/76 (813) 376-6711
Date Daytime Phone #

CF2E037 (12/95)