FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

707000

(6)

TRINITY COLLEGE OF FLORIDA, INC.

THINK TO CLUCK OF TECHNON, MO								
Principal Place of Business		Mailing Address	Mailing Address		T SOMETH AND IT MOULT HOUSE DATE DATE MAKE A DIGIT OF	TYBUS BYBNY BYBYY BYBYY GOBY		
2430 TRINITY OAKS BLVD NEW PORT RICHEY FL 34655 US		2430 TRINITY OAKS BLVD.	NEW PORT RICHEY FL 34855-4401		3. Date Incorporated or Qualified 3a. Date 03/18/1964	of Last Report 3/19/1996		
						3/19/1996		
2. Principal Place of Business		2a. Mailing Address	26		4. FEI Number 59-6155069	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<u></u>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country Zip		Country			Added to Fees		
24	25	29 30		-,	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of C				10. Name and Address of New Registered Ag-	ent		
81 Name								
MERRILL, MARK W. 62 Street Address (I					Address (P.O. Box Number is Not Acceptable)			
ICARD MERRILL CULLIS TIMM FUREN & GINSBERG								
101 E. KENNEDY BLVD., SUITE 3570				3				
TAMPA FL 33602				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								
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 epligations of Section 617.0503, Florida Statutes.								
SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
Signature, typod or printed name of registered agent and title repolicable. (NOTE: Registered Agent eigneture required when reinstating) DATE						IDCOTODO ILLAO		
12.		S AND DIRECTORS DELETE	13.	E	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition		
	D Murray, Ray		1.2 NAA		1 •	J Drienge - Cal Noview		
NAME	5301 W. CYPRESS ST.	ETE 409	4		Murray, Ray			
STREET ADDRESS	M114M1 M1 4000M			EET ADDRESS	5301 W Cypress Ste 307			
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITL	r-ST-ZIP	Tampa FL 33607	Change Addition		
NAME	HAMMER, KAY		2.2 NAA		עס ן			
STREET ADDRESS	AAAA A MADDAD INI AND DIND FAAA			EET ADDRESS	Hammer, Kay	1 1 "1 () 5		
CITY-ST-ZIP	TAMPA FL 33602		2. 4 CITY - ST - ZIP		1002 S Harbour Island Blvd #1605			
TITLE	D	X DELETE	3.1 TITL		<u> </u>	Change Addition		
NAME	WATSON, MRS W T	•	3.2 NAA	AE .				
STREET ADDRESS	8251 31ST TERR N		3.3 STR	EET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL O	0000	3.4. CIT	Y-ST-ZIP		•		
TITLE	C	☐ DELETE	4.1 TITL	E	1 -	Change Addition		
NAME	ASH, TOM		4. 2 NA	ME .	Ash, Ton			
STREET ADDRESS	15737 GREEN GLEN LA	NE	4.3 STR	EET ADDRESS	15737 Green Glen Lane			
CITY-ST-ZIP	SPRING HILL FL		4.4 C/T	Y-ST-ZIP	Spring Hill FL 34610			
TITLE	PD	☐ DELETE	5.1 TITL	E '		Change		
NAME	SPEED, GLEN C		5.2 NA)	AE	Speed, Glenn C 7032 Woodibis Dr			
STREET ADDRESS	7032 WOODIBIS DR		5.3 STR	eet address		• 5		
CITY-ST-ZIP	NEW PORT RICHEY FL			/-ST-ZIP	New Port Richey FL 34655			
TITLE	TD CARV	DELETE	6.1 TITL		TD D	Change Addition		
NAME	SALING, GARY		6.2 NA		Saling, Gary			
STREET ADDRESS	PO BOX 1608 N/A			EET ADDRESS	9100 Bearcat Rd	*		
CITY-ST-ZIP	TARPON SPRINGS FL	noticel with this files does not as all.	6.4 CIT	Y-ST-ZIP	New Port Richar FI 3/6	55 that the		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 tegal 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-it-changed, or on an attachment with an address.								

2/11/97

Date

(813) 376-6911

Daytime Phone # 0068133