

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90190 034 ****61.25

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DOCUMENT # 707000

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/18/1964

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **ASH, TOM**
CITY-ST-ZIP **15737 GREEN GLEN LANE**
SHADY HILLS FL 34610

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

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **SALING, GARY**
CITY-ST-ZIP **5301 W CYRESS STREET, STE 307**
TAMPA FL 33607

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MASSEY, CHARLES**
CITY-ST-ZIP **735 W EMMA STREET**
TAMPA FL 33603

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S/T/D**
4.3 STREET ADDRESS **Massey, Charles**
4.4 CITY-ST-ZIP **735 W Emma St**
Tampa FL 33603

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Raymond E Murray**
5.4 CITY-ST-ZIP **5301 W Cypress St Ste 307**
Tampa FL 33607

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **V**
6.3 STREET ADDRESS **Bill W Lanpher**
6.4 CITY-ST-ZIP **2430 Trinity Oaks Blvd**
New Port Richey FL 34655

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 1999

727-376-6911

Daytime Phone #

CR2E037 (1/98)