

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90072 030 \*\*\*\*61.25

**DOCUMENT # 707000**

1. Entity Name

**TRINITY COLLEGE OF FLORIDA, INC.**

Principal Place of Business

**2430 WELBILT BLVD.  
 NEW PORT RICHEY FL 34655  
 US**

Mailing Address

**2430 WELBILT BLVD.  
 NEW PORT RICHEY FL 34655  
 US**

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

**59-6155069**

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

**HINES, J. BRADFORD  
 9800 FOURTH ST. NORTH  
 SUITE 403  
 SAINT PETERSBURG FL 33702**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                    |                                            |
|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>ASH, TOM<br>15737 GREEN GLEN LANE<br>SHADY HILLS FL 34610                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ALFORD, PAUL L<br>TOCCOA FALLS COLLEGE, CHAPEL DRIVE<br>TOCCOA FALLS GA 30598 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LANPHER, JAMES E<br>2430 WELBILT BLVD.<br>NEW PORT RICHEY FL 34655            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MASSEY, CHARLES<br>735 W EMMA STREET<br>TAMPA FL 33603                      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MURRAY, RAYMOND E<br>5301 W. CYPRESS ST STE 307<br>TAMPA FL 33607             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LANPHER, BILL W<br>2430 WELBILT BLVD.<br>NEW PORT RICHEY FL 34655             | <input type="checkbox"/> Delete            |

|                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill W. Lanpher

Date

Daytime Phone #

1/17/2000

CR2E037 (10/00)

Attachment Doc # 707000-707001

**Trinity College of Florida  
Additional Directors and Officers**

D

Dr. Abraham R. Brown  
Prison Crusade  
PO Box 11453  
Tampa, FL 33680

D

Rev. Jack Dundas  
39231 Ferris  
Clinton Twp, MI 48036

D

Rev. Roy L. Garner  
3258 Indian Gulf Ln  
Spring Hill, FL 34607

D

Dr. Bob Gustafson  
PO Box 843  
Brandon, FL 33509-0843

D

Mrs. Kay Hammer  
1245 Moorewood Rd.  
Highlands, NC 28741

D

Rev. Ralph "Bud" R. Hart  
12855 110th Avenue N  
Largo, FL 33774

D

Mr. J. Bradford Hines  
5885 27th St S  
Saint Petersburg, FL 33712

D

Rev. Jerome K. Jackson  
12234 94th St N  
Largo, FL 33773

D

Mr. Mark A. MacGregor  
1735 Bocawood Ct.  
New Port Richey, FL 34655

D

Dr. Charles Martin  
11381 Oak Ln  
Largo, FL 33778

D

Rev. Herman Moten  
8002 Tierra Verde Dr  
Tampa, FL 33617

D

Dr. Gene P. Smith  
20555 Kingsland  
Katy, TX 77450

D

Dr. James R. Stock  
17533 Edinburgh Dr  
Tampa, FL 33647-2234

D

Dr. Thomas E. Wade  
5316 Witham Court  
Tampa, FL 33647-1026

D

Dr. Richard A. Williams  
1312 Eckles Dr  
Tampa, FL 33612

V

Rev. Albert R. Depoutot  
2430 Welbilt Blvd.  
New Port Richey, FL