
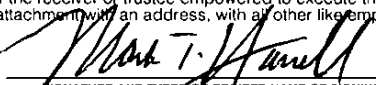


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90024 004 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6155069	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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) 100 Second Ave S, Ste 301 N City Saint Petersburg FL Zip Code 33701		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASH, TOM		NAME		
STREET ADDRESS	616 HARTFORD LN		STREET ADDRESS		
CITY-ST-ZIP	THE VILLAGES, FL 32162		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANPHER, JAMES E		NAME		
STREET ADDRESS	2430 WELBILT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINES, J. BRADFORD		NAME		
STREET ADDRESS	100 SECOND AVE S STE 301N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, RAYMOND E		NAME		
STREET ADDRESS	2502 N ROCKY PT DR STE 970		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'FARRELL, MARK T		NAME		
STREET ADDRESS	2430 WELBILT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPOUTOT, ALBERT R		NAME		
STREET ADDRESS	2430 WELBILT BLVD		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Mark T. O'Farrell, President		1/29/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		727-376-6911 x 324 <small>Daytime Phone #</small>	

ATTACHMENT 40014923
#707000

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

V

Mr. Richard C. Henricksen
2430 Welbilt Blvd.
New Port Richey, FL 34655

D

Mr. Steve Bennett
2045 N. Pointe Alexis Dr.
Tarpon Springs, FL 34689-2049

D

Dr. Abraham R. Brown
P.O. Box 11453
Tampa, FL 33680-1453

D

Mrs. Saralyn Duarte
16322 Royalton Ln.
Shady Hills, FL 34610-3912

D

Rev. Jack Dundas
39231 Ferris St.
Clinton Twp, MI 48036-2044

D

Dr. Samuel G. Ferrell
430 Herron Rd.
North Fort Myers, FL 33903-2745

D

Dr. Kenneth O. Gangel
1026 Marsh View Ln.
Tarpon Springs, FL 34689-7116

D

Dr. James D. Glenn
3705 Buttonwood Dr.
Titusville, FL 32796

D

Rev. Lester M. Harris
9297 87th Ave. N
Largo, FL 33777-2608

D

Mr. Mark A. MacGregor
17430 Isbell Ln.
Odessa, FL 33556-1962

D

Dr. Charles W. Martin
356 Upper Reach Dr.
Vilas, NC 28692-9759

D

Mr. Elden McDirmit
4836 Waterwitch Point Dr.
Orlando, FL 32806

D

Mrs. Martha Munce
12804 Harborwood Dr.
Largo, FL 33774-2018

D

Mr. James A. Nicholas
3498 Shoreline Cir.
Palm Harbor, FL 34684-1728

D

Dr. Elizabeth Skjoldal
100 Princeton Ct.
Royal Palm Beach, FL 33411

D

Dr. James R. Stock
18214 Fox Trace Ct.
Lutz, FL 33549-9603

D

Rev. Joseph S. Teague
1581 Glen Hollow Ln.
Dunedin, FL 34698

D

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

ATTACHMENT 40014923
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D

Mr. John W. Whitehead
12070 Old Country Rd.
Wellington, FL 33414

D

Dr. Richard A. Williams
1312 Eckles Dr.
Tampa, FL 33612-5160