


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90111 011 ****61.25

0018810

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712073					
1. Corporation Name TRINITY TOWERS, INC.					
Principal Place of Business 650 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901			Mailing Address 650 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/12/1967	
				4. FEI Number 59-6197618	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WHITE, JAMES M 8021 PINE NEEDLE LN W MELBOURNE FL 32904				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYER, ALEX W			1.2 NAME	Rev. John Miller		
STREET ADDRESS	633 E. MELBOURNE AVE.			1.3 STREET ADDRESS	610 Young Street		
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THORNBURG, WILLIAM			2.2 NAME	Tom Peake, M.D.		
STREET ADDRESS	225 CAMPBELL DR			2.3 STREET ADDRESS	3194 Cibciyrse Road		
CITY-ST-ZIP	MELBOURNE FL 32901			2.4 CITY-ST-ZIP	Melbourne, FL 32934		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ARLAND			3.2 NAME			
STREET ADDRESS	930 S. HARBOR CITY BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLZER, O.A.			4.2 NAME			
STREET ADDRESS	1014 RIVERSIDE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITELEY, BARBARA			5.2 NAME			
STREET ADDRESS	2078 MINTON ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	W. MELBOURNE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALLEY, ROBERT J.			6.2 NAME			
STREET ADDRESS	609 E FRANKLYN AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			6.4 CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)