

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712073

FILED
Jun 29, 2007
Secretary of State

Entity Name: TRINITY TOWERS, INC.

Current Principal Place of Business:

650 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

650 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-6197618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, JAMES M
8021 PINE NEEDLE LN
W MELBOURNE, FL 32904 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, ARLAND A DR
Address: 930 S. HARNOUR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PEAKE, TOM MD
Address: 3195 CONCOURSE RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: MEEHAN, RON
Address: 900 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: VANCE, MARC REV
Address: 50 W. STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: MALLEY, ROBERT J
Address: 609 E. FRANKLYN AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: THORNBURG, WILLIAM
Address: 225 CAMPBELL DRIVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MEEHAN, RON
Address: 900 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: P (X) Change () Addition
Name: EASTERDAY, STEPHEN W REV
Address: 50 W. STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. STEPHEN W. EASTERDAY

P

06/29/2007

Electronic Signature of Signing Officer or Director

Date