

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712073

FILED  
Apr 15, 2009  
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 ( )

## Name and Address of Current Registered Agent:

EASTERDAY, STEPHEN W REV  
650 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

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

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

Title: D ( ) Delete  
Name: DILLERY, BARBARA  
Address: 3940 BRISTOL CT.  
City-St-Zip: MELBOURNE, FL 32904

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

Title: P (X) Change ( ) Addition  
Name: EASTERDAY, STEPHEN W REV  
Address: 1830 SOUTH BABCOCK STREET  
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

04/15/2009

Electronic Signature of Signing Officer or Director

Date