

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90032 005 ****61.25

DOCUMENT # 741076

1. Entity Name
TRINITY TOWERS SOUTH, INC.



Principal Place of Business
**615 E NEW HAVEN AVE
MELBOURNE, FL 32901**

Mailing Address
**615 E NEW HAVEN AVE
MELBOURNE, FL 32901**

94051536



01272004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1848217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITE, JAMES M.
8021 PINE NEEDLE LANE
W. MELBOURNE, FL 32904**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYER, ALEX W. REV.
STREET ADDRESS 633 E. MELBOURNE AVE.
CITY-ST-ZIP MELBOURNE, FL

TITLE S
NAME THORNBURG, WILLIAM
STREET ADDRESS 225 CAMPBELL DR.
CITY-ST-ZIP MELBOURNE BCH, FL

TITLE TD
NAME WHITLEY, BARBARA
STREET ADDRESS 2078 MINTON RD.
CITY-ST-ZIP W. MELBOURNE, FL

TITLE SD
NAME PEAKE, TOM
STREET ADDRESS 3194 CONCOURSE RD.
CITY-ST-ZIP MELBOURNE, FL

TITLE D
NAME ADAMS, ARLAND A. MD.
STREET ADDRESS 930 HARBOUR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL

TITLE D
NAME MALLEY, ROBERT J
STREET ADDRESS 609 E FRANKLYN AVENUE
CITY-ST-ZIP IDIALANTIC, FL

**DO NOT WRITE
IN THIS SPACE**

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:

Alex W. Boyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex W. Boyer

4/9/04

Date

321-723-8620

Daytime Phone #