

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741076

FILED
Apr 15, 2009
Secretary of State

Entity Name: TRINITY TOWERS SOUTH, INC.

Current Principal Place of Business:

615 E NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

615 E NEW HAVEN AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1848217 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: PD () Delete
Name: EASTERDAY, STEPHEN W REV
Address: 1830 S BAROCK
City-St-Zip: MELBOURNE, FL 32901

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

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

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

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

Title: T () Delete
Name: BARRETT, JUDITH
Address: 3340 MILWAUKEE AVE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (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:

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City-St-Zip:

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

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04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date