

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90392 047 \*\*\*\*61.25

**DOCUMENT # 750421**

1. Entity Name  
**TRINITY BROADCASTING OF FLORIDA, INC.**



Principal Place of Business  
**3324 PEMBROKE ROAD  
PEMBROKE PARK, FL 33021**

Mailing Address  
**3324 PEMBROKE ROAD  
PEMBROKE PARK, FL 33021**

**40057378**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1991004**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINN, LAURIE B  
3324 PEMBROKE ROAD  
PEMBROKE PARK, FL 33021-5320**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CROUCH, PAUL F.  
STREET ADDRESS 1973 POINT CHELSA PL  
CITY-ST-ZIP NEWPORT BEACH, CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME BROWN, RUTH  
STREET ADDRESS 17 BAHIA  
CITY-ST-ZIP IRVINE, CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME CASORIA, JOHN B  
STREET ADDRESS 2442 MICHELLE DR.  
CITY-ST-ZIP TUSTIN, CA 92780

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CROUCH, JANICE W.  
STREET ADDRESS 1973 POINT CHELSA PL  
CITY-ST-ZIP NEW PORT BEACH, CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME BROWN, ALLAN  
STREET ADDRESS 17 BAHIA  
CITY-ST-ZIP IRVINE, CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME CROUCH, MATTHEW  
STREET ADDRESS 140 HIDDEN CANYON  
CITY-ST-ZIP ORANGE, CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Allan Brown* **Allan Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(714) 832-2950**