

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 19 AM 11:34

DOCUMENT # 766193

(7)

1. Corporation Name

TRINITY RETREAT, INC.

Principal Place of Business

STATE HWY. 283 RT. 2 #6880
SANTA ROSA BEACH FL 32459

Mailing Address

POST OFFICE BOX 2245
SANTA ROSA BEACH FL 32459
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1982

3a. Date of Last Report

07/13/1994

4. FBI Number

59-2368774

Applied For

Not Applicable

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MIDDLETON, JAMES W.
216 HOSPITAL DRIVE, N. E.
FORT WALTON FL 32548

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SEXTON, FAITH
STREET ADDRESS POST OFFICE BOX 2245 N/A
CITY - ST - ZIP SANTA ROSA BEACH FL

TITLE SD
NAME OWENS, GAY
STREET ADDRESS POST OFFICE BOX 894 N/A
CITY - ST - ZIP MARY ESTHER FL

TITLE D
NAME TINDELL, RICHARD W.
STREET ADDRESS 11103 MANDARIN DRIVE
CITY - ST - ZIP CLERMONT FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tr
1.2 NAME Hoskins, Jacquelyn
1.3 STREET ADDRESS Post Office Box 2245 N/A
1.4 CITY - ST - ZIP Santa Rosa Beach, FL 32459

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Faith Sexton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faith Sexton

6-13-95

DATE

(904) 231-4672