

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766193

1. Entity Name

TRINITY RETREAT, INC.

FILED

Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90101 031 ****61.25

Principal Place of Business

446 DEFUNIAK ST
SANTA ROSA BEACH FL 32459

Mailing Address

POST OFFICE BOX 2245
SANTA ROSA BEACH FL 32459-2245
US

A007467U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1624 B Mack Bayou Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2245
Suite, Apt. #, etc.

City & State

Santa Rosa Bch, Florida
Zip 32459 Country

City & State

Santa Rosa Bch FL
Zip 32459 Country

4. FEI Number

59-2368774

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEXTON, FAITH
STREET ADDRESS 446 DEFUNIAK ST.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE BMT
NAME GLASS, SHARON
STREET ADDRESS 446 DEFUNIAK ST.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE BMT
NAME TURNER, KOULA
STREET ADDRESS 217 CLOVERDALE BLVD.
CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☐ Delete

TITLE BMT
NAME PACE, GLENDA
STREET ADDRESS 51 SUGARBERRY RD
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SEXTON, FAITH
STREET ADDRESS 1624 B Mack Bayou Rd
CITY-ST-ZIP Santa Rosa Bch, FL 32459 ☒ Change ☐ Addition

TITLE BMT
NAME GLASS, Sharon
STREET ADDRESS 44A 5th Ave
CITY-ST-ZIP Shalimar FL 32579 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 850-622-0268

Date

Daytime Phone #

CR2E037 (9/99)