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FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F96000004304 (9)**

1. Corporation Name

TRINITY INTERNATIONAL UNIVERSITY CORPORATION

Principal Place of Business

Mailing Address

**2065 HALF DAY ROAD
DEERFIELD IL 60015**

**2065 HALF DAY ROAD
DEERFIELD IL 60015-1241**



3. Date Incorporated or Qualified

08/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

32-2216176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☒ DELETE
NAME **ANDERSON, WARREN DR**
STREET ADDRESS **1240 GROVE CT**
CITY-ST-ZIP **LAKE FOREST IL 60045**

1.1 TITLE **DC** ☒ Change ☒ Addition
1.2 NAME **GREG BARRETT**
1.3 STREET ADDRESS **6543 Thunderidge**
1.4 CITY-ST-ZIP **ROCKFORD IL 61107**

TITLE **VC** ☒ DELETE
NAME **ROUSE, JERRY**
STREET ADDRESS **2800 EAST CO. ROAD E.**
CITY-ST-ZIP **WHITE BEAR LAKE MN 55110**

2.1 TITLE **DC** ☒ Change ☒ Addition
2.2 NAME **James Russell**
2.3 STREET ADDRESS **351 Kailburn Rd # 315**
2.4 CITY-ST-ZIP **Deerfield IL 60015**

TITLE **P** ☐ DELETE
NAME **WAYBRIGHT, GREG DR**
STREET ADDRESS **2065 HALF DAY ROAD**
CITY-ST-ZIP **DEERFIELD IL 60015**

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

TITLE **EVS** ☐ DELETE
NAME **LUNDELL, MILO D DR**
STREET ADDRESS **2065 HALF DAY ROAD**
CITY-ST-ZIP **DEERFIELD IL 60015**

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

TITLE **T** ☐ DELETE
NAME **ERLANDSON, GARY**
STREET ADDRESS **2065 HALF DAY ROAD**
CITY-ST-ZIP **DEERFIELD IL 60015**

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

TITLE **D** ☐ DELETE
NAME **HAMBURGER, SUSAN**
STREET ADDRESS **7509 MABRY CT. N.E.**
CITY-ST-ZIP **ALBUQUERQUE NM 87109**

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

14. I do 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 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:

SIGNATURE REQUIRED ERLANDSON

4-18-97

847 317 7087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0076488**

CR2E037 (9/96)