2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# N00000008269

Entity Name: TRINITY ACADEMY OF THE ARTS & SCIENCES INC.

Current Principal Place of Business:

4101 SW 61ST AVE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4910 SW 205 AVE
SOUTHWEST RANCHES, FL 33332 10

New Mailing Address:

FEI Number: 65-0697665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, ALLEN H
2800 EAST COMMERCIAL BLVD.
SUITE 208
FT. LAUDERDALE, FL 33308

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: D ( ) Delete
Name: WELLS, WILLIAM
Address: 4910 S W 205TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 333321044

Title: D ( ) Delete
Name: WELLS, LISA D
Address: 4910 S W 205TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 333321044

Title: D ( ) Delete
Name: GJERTSEN, MARY M
Address: 4910 SW 205 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 333321044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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 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 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: WILLIAM WELLS D 01/28/2004

Electronic Signature of Signing Officer or Director — Date