

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003835

FILED
Jul 04, 2006
Secretary of State

Entity Name: TRINITY THEOLOGICAL SEMINARY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2805 AVENUE T
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

6255 33RD MANOR
VERO BEACH, FL 32966

New Mailing Address:

FEI Number: 42-1603637 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, DR SIMEL
6255 33RD MANOR
VERO BEACH, FL, FL 32966 US

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: PD () Delete
Name: DAVIS, SIMEL DR
Address: 6255 33 MANOR
City-St-Zip: VERO BEACH, FL 32966 US

Title: VP/T () Delete
Name: DAVIS, BLANCHE J DR
Address: 6255 33 MANOR
City-St-Zip: VERO BEACH, FL 32966 US

Title: EX/D () Delete
Name: BALL, LETETE M DR
Address: 5321 NE 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: AD () Delete
Name: JOHNSON, MUNFORD DR
Address: 1511 NW 46TH AVENUE
City-St-Zip: LAUDERHILL, FL 33313 US

Title: ACCT () Delete
Name: MITCHELL, GREGORY A
Address: 510 SW 13TH PLACE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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:

Title: AD (X) Change () Addition
Name: CLARK, WALTER DR
Address: 2541 NW 12 TH COURT
City-St-Zip: POMPANO BEACH, FL 33069 US

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 Chapter 119, 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: DR SIMEL DAVIS

P

07/04/2006

Electronic Signature of Signing Officer or Director

Date