

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004915

FILED
Apr 15, 2009
Secretary of State

Entity Name: TRINITY TOWERS FOUNDATION, INC.

Current Principal Place of Business:

650 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1830 S. BABCOCK ST.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASTERDAY, STEPHEN REV.
1830 S. BABCOCK
MELBOURNE, FL 32901 US

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: P Delete
Name: MEEHAN, RON
Address: 900 E. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: S Delete
Name: THORNBURG, WILLIAM
Address: 225 CAMPBELL DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: D Delete
Name: WHITE, JAMES M
Address: 8021 PINE NEEDLE LANE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D Delete
Name: MALLEY, ROBERT J
Address: 609 E. FRANKLYN AVENUE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D Change Addition
Name: MEEHAN, RON
Address: 900 E. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: T Change Addition
Name: BARRETT, JUDITH A
Address: 3340 MILWAUKEE AVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH A BARRETT

TRSR

04/15/2009

Electronic Signature of Signing Officer or Director

Date