

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001055

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: TRINITY UNITED METHODIST SCHOOL, INC

## Current Principal Place of Business:

217 AKRON AVENUE  
STUART, FL 34994 US

## New Principal Place of Business:

1484 SW 34TH STREET  
PALM CITY, FL 34990 US

## Current Mailing Address:

1484 SW 34TH ST  
PALM CITY, FL 34990 US

## New Mailing Address:

FEI Number: 20-5609246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WATTS, ROBERT A  
3017 EAGLE'S NEST WAY  
PORT SAINT LUCIE, FL 34952 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 (X) Delete  
Name: WEBER, DIANA  
Address: 1917 SE REDWING CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: SEC. (X) Delete  
Name: MANGES, ELVIN  
Address: 624 SW PUEBLO TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VP ( ) Delete  
Name: WATTS, ROBERT A  
Address: 3017 EAGLE'S NEST WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change ( ) Addition  
Name: WATTS, ROBERT A  
Address: 3017 EAGLE'S NEST WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: ROBERT A. WATTS

PRES

02/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date