

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46635** (1)

1. Corporation Name

**TRINITY EVANGELICAL SEMINARY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1460 GOLDEN GATE PARKWAY  
SUITE 103  
NAPLES FL 33942**

**1460 GOLDEN GATE PARKWAY  
SUITE 103  
NAPLES FL 34105-9133**



3. Date Incorporated or Qualified **12/23/1991** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0309698</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23 Zip <b>34105</b> Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORRESTER, JERRY W  
1460 GOLDEN GATE PARKWAY  
SUITE 103  
NAPLES FL 33942**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORRESTER, JERRY W</b>	1.2 NAME	
STREET ADDRESS	<b>1460 GOLDEN GATE PARKWAY 103</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33942</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORRESTER, GRACE J</b>	2.2 NAME	
STREET ADDRESS	<b>1460 GOLDEN GATE PARKWAY 103</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33942</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, ROBERT J</b>	3.2 NAME	
STREET ADDRESS	<b>808 LAKE ELBERT COURT NE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33881</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, BRUCE</b>	4.2 NAME	
STREET ADDRESS	<b>3909 S MACDILL AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33611</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, LARY</b>	5.2 NAME	
STREET ADDRESS	<b>3440 19TH AVE S W</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33964</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Jerry Forrester* **Jerry Forrester** 4-14-97 941-592-6081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059471

CR2E037 (9/96)