

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005537 (5)

1. Corporation Name

TRI-PARISH COUNCIL, INC.



Principal Place of Business

Mailing Address

C/O HOLY TRINITY EPISCOPAL CHURCH
211 TRINITY PLACE
WEST PALM BEACH FL 33401
US

C/O HOLY TRINITY EPISCOPAL CHURCH
221 TRINITY PLACE
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0519595

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANDOLPH, JOHN W
1860 FOREST HILL BLVD.
SUITE 105
WEST PALM BEACH FL 33406**

81

Name

RANDOLPH, JOHN W.

82

Street Address (P.O. Box Number is Not Acceptable)

1675 PALM BEACH LAKES BOULEVARD

83

Suite, Apt. #, etc.

SUITE 700

84

City

WEST PALM BEACH,

FL

85

Zip Code

33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

NAME

**D
FOOT, VIRGINIA W**

STREET ADDRESS

638 E. OCEAN AVE.

CITY-ST-ZIP

BOYNTON BEACH FL 33435

TITLE

☐ DELETE

NAME

**D
BROWNE, MARY ANITA**

STREET ADDRESS

1505 N. MANGONIA DRIVE

CITY-ST-ZIP

WEST PALM BEACH FL 33401

TITLE

☐ DELETE

NAME

**D
LEWIS, HOWARTH**

STREET ADDRESS

1130 SAND DRIFT WAY

CITY-ST-ZIP

WEST PALM BEACH FL 33411

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Howard L Lewis Jr **HOWARTH L LEWIS JR** 2/10/96 (407) 833-2268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day & Phone #

CR2E037 (12/95)