

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005537

1. Entity Name
TRI-PARISH COUNCIL, INC.



Principal Place of Business
**C/O HOLY TRINITY EPISCOPAL CHURCH
211 TRINITY PLACE
WEST PALM BEACH, FL 33401 US**

Mailing Address
**C/O HOLY TRINITY EPISCOPAL CHURCH
221 TRINITY PLACE
WEST PALM BEACH, FL 33401**



03032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0519595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDOLPH, JOHN W
222 LAKEVIEW AVE
SUITE 910
WEST PALM BEACH, FL 33401**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOOT, VIRGINIA W
STREET ADDRESS	638 E. OCEAN AVE.
CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	SHARRY, LETITIA MRS
STREET ADDRESS	827 BEECH RD.
CITY - ST - ZIP	W. PALM BEACH, FL 33409
TITLE	D
NAME	LEWIS, HOWARTH
STREET ADDRESS	1110 SAND DRIFT WAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000079958
03/08/04-80089-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard L. Lewis **Treasurer** 3/03/04 561-833-2268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #