

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 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**



03032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0519595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOOT, VIRGINIA W
638 E. OCEAN AVE.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHARRY, LETITIA MRS
827 BEECH RD.
W. PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS, HOWARTH
1110 SAND DRIFT WAY
WEST PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05
Date

561-833-2268
Daytime Phone #