2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400005537

TRI-PARISH COUNCIL, INC.



FILED Feb 12, 2007 08:00 AM **Secretary of State**

Principal Place of Business

C/O HOLY TRINITY EPISCOPAL CHURCH

211 TRINITY PLACE WEST PALM BEACH, FL 33401 Malling Address

C/O HOLY TRINITY EPISCOPAL CHURCH 221 TRINITY PLACE

WEST PALM BEACH, FL 33401



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DO NOT WRITE IN THIS SPACE

02082007 No Chg-NP

CR2E037 (4/06)

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

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

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

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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.	

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS City-St-ZIP

10.

U00000632344 02/21/07-80018-011 61.25

DATE

Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.

OFFICERS AND DIRECTORS

\$5.00 May Be Added to Fees

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

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE:

L. Lowisle