

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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



02052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 restate)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000027532  
05/20/08-80111-005 61.25

**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 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08

Date

Daytime Phone #