2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2014
Secretary of State
CC1648692204

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Entity Name: TRINITY BAPTIST COLLEGE, INC.

Current Principal Place of Business:

800 HAMMOND BOULEVARD
JACKSONVILLE, FL 32221

Current Mailing Address:

800 HAMMOND BOULEVARD
JACKSONVILLE, FL 32221

FEI Number: 41-2270181

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, ROBERT LIII
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	MESSER, THOMAS C
Address	8974 MOSEY ALONG COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	DIRECTOR
Name	CLOSS, HOWARD JR.
Address	86752 RIVERWOOD DR.
City-State-Zip:	YULEE FL 32097

Title	D.
Name	PETERS, GREG
Address	302 PALM COAST PARKWAY NE, #204
City-State-Zip:	PALM COAST FL 32137

Title	D.
Name	DAVIS, DANIEL MR.
Address	9301 CRYSTAL SPRINGS RD.
City-State-Zip:	JACKSONVILLE FL 32221

Title	D
Name	MAC, HEAVENER JR.
Address	1172 EMILY'S WALK LANE W.
City-State-Zip:	JACKSONVILLE FL 32221

Title	D.
Name	LEE, TIM DR.
Address	P.O. BOX 461674
City-State-Zip:	GARLAND TX 75046

Title	D.
Name	WALLS, JERRY DR.
Address	1040 SOUTH HOUSTON LAKE RD.
City-State-Zip:	WARNER ROBINS GA 31088

Title	DIRECTOR
Name	HOMES, LOCKWOOD
Address	8323 RAMONA BLVD. W.
City-State-Zip:	JACKSONVILLE FL 32221

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS C. MESSER PRESIDENT 02/27/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LONG, DAVID
Address	2251 ROSSELLE STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	CARR, TOMMY
Address	9833 CRESSWELL LANE
City-State-Zip:	JACKSONVILLE FL 32221

Title	DIRECTOR
Name	MILLER , JIM
Address	320-A VILLAGE DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32095-9075