FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:25

DOCUMENT # 700976 (4)

1. Corporation Name
HOLY TRINITY PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O J B MCCRACKEN 505 SO FLAGER DR #1100 P.O. BOX 3475 WEST PALM BEACH FL 33402	C/O J B MCCRACKEN 505 SO FLAGER DR #1100 P.O. BOX 3475 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1960
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-0766983 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B.
505 S FLAGER DR #1100
W. PALM BEACH FL 33401-3475

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMBLIN, MAYNARD	1.2 NAME	
STREET ADDRESS	2611 MOHAWK CRCL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	~~MURPHY, ALAN~~ Delete	2.2 NAME	
STREET ADDRESS	~~220 GREYMON DR.~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~WEST PALM BCH FL~~	2.4 CITY-ST-ZIP	
TITLE	DTS	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCRACKEN, JOHN B.	3.2 NAME	
STREET ADDRESS	505 S. FLAGLER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LIBERTI, RAY	4.2 NAME	
STREET ADDRESS	6810 HAMMOCK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEVELS, H. CRAIG	5.2 NAME	
STREET ADDRESS	245 BUNKER RANCH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, TIMOTHY D	6.2 NAME	
STREET ADDRESS	8606 THOUSAND PINES CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X BL Treas. 1/13/95 (407) 659-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0047777