

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **700976** (4)

1. Corporation Name

**HOLY TRINITY PROPERTIES, INC.**

Principal Place of Business

C/O J B MCCracken 505 SO FLAGLER DR #1100  
P.O. BOX 3475  
WEST PALM BEACH FL 33402

Mailing Address

C/O J B MCCracken 505 SO FLAGLER DR #1100  
P.O. BOX 3475  
WEST PALM BEACH FL 33402



3. Date Incorporated or Qualified  
**05/18/1960**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business  
21 TRINITY PLACE

Suite, Apt. #, etc.

22 WEST PALM BEACH, FL

24 Zip  
33401

25 Country  
USA

2a. Mailing Address  
26 c/o TIMOTHY D. BROWN

Suite, Apt. #, etc.

27 6707 PAMELA LANE

28 WEST PALM BEACH, FL

29 Zip  
33405

30 Country  
USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
TIMOTHY D. BROWN

82 Street Address (P.O. Box Number is Not Acceptable)  
6707 PAMELA LANE

83

84 City  
WEST PALM BEACH

85 Zip Code  
FL 33405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

TIMOTHY D. BROWN, REGISTERED AGENT

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HAMBLIN, MAYNARD  
STREET ADDRESS 2611 MOHAWK CRCL.  
CITY-ST-ZIP WEST PALM BCH FL ☐ DELETE

TITLE DTS  
NAME MCCracken, JOHN B.  
STREET ADDRESS 505 S FLAGLER DR.  
CITY-ST-ZIP WEST PALM BCH FL ☒ DELETE

TITLE D  
NAME LIBERTI, RAY  
STREET ADDRESS 6810 HAMMOCK LANE  
CITY-ST-ZIP WEST PALM BCH FL ☐ DELETE

TITLE D  
NAME NEVELS, H. CRAIG  
STREET ADDRESS 245 BUNKER RANCH ROAD  
CITY-ST-ZIP WEST PALM BCH FL ☐ DELETE

TITLE D  
NAME BROWN, TIMOTHY D  
STREET ADDRESS 8606 THOUSAND PINES CT  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE DS  
2.2 NAME S. EMORY ROGERS  
2.3 STREET ADDRESS 215 RUSSLYN DRIVE  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE DT  
5.2 NAME TIMOTHY D. BROWN  
5.3 STREET ADDRESS 6707 PAMELA LANE  
5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33405 ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAYNARD HAMBLIN, PRESIDENT

Date

Daytime Phone #

4/25/96 407/562-2705

CR2E037 (12/95)