

5-13-978-1133 - C  
FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700976** (4)

1. Corporation Name

**HOLY TRINITY PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**211 TRINITY PLACE  
WEST PALM BEACH FL 33401  
US**

**C/O TIMOTHY D. BROWN  
6707 PAMELA LANE  
WEST PALM BEACH FL 33405-4174  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/18/1960</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0766983</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, TIMOTHY D.  
6707 PAMELA LANE  
WEST PALM BEACH FL 33401-3475**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	HAMBLIN, MAYNARD	1.2 NAME	LIBERTI, RAY
STREET ADDRESS	2611 MOHAWK CRO.	1.3 STREET ADDRESS	6810 HAMMOCK LANE
CITY - ST - ZIP	WEST PALM BCH FL	1.4 CITY - ST - ZIP	WEST PALM BEACH, FLA. 33411
TITLE	DS	2.1 TITLE	
NAME	ROGERS, S. EMORY	2.2 NAME	
STREET ADDRESS	215 RUSSLYN DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	LIBERTI, RAY	3.2 NAME	
STREET ADDRESS	6810 HAMMOCK LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D
NAME	NEVELS, H. CRAIG	4.2 NAME	POTTER, JOHN M.
STREET ADDRESS	245 BUNKER RANCH ROAD	4.3 STREET ADDRESS	250 COSTELLO RD.
CITY - ST - ZIP	WEST PALM BCH FL	4.4 CITY - ST - ZIP	WEST PALM BEACH, FLA. 33405
TITLE	DT	5.1 TITLE	
NAME	BROWN, TIMOTHY	5.2 NAME	
STREET ADDRESS	6707 PAMELA LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	BLOUNT, D. GLENN
STREET ADDRESS		6.3 STREET ADDRESS	1018 SHADY LAKES CIRCLE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	PALM BEACH GARDENS, FLA. 33410

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. Brown, Treasurer 5616861400  
Date Daytime Phone # 0040138

CR2E037 (9/96)