2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# 700976

Entity Name: HOLY TRINITY PROPERTIES, INC.

Current Principal Place of Business:

211 TRINITY PLACE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0766983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, TIMOTHY D.
6707 PAMELA LANE
WEST PALM BEACH, FL 334013475 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAYMAN, DAVID M
Address: 1201 BREAKER WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DS ( ) Delete
Name: FRASER, LINDA
Address: 309 AVILA DRIVE
City-St-Zip: WEST PALM BCH, FL 33405

Title: D ( ) Delete
Name: WALTON, ROBERT S
Address: 212 AVILA RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DT ( ) Delete
Name: BROWN, TIMOTHY
Address: 6707 PAMELA LANE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: RASNICK, ANTHONY
Address: 2288 GABRIEL LANE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY D. BROWN DT 08/31/2009

Electronic Signature of Signing Officer or Director — Date