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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:53

DOCUMENT # 704956 (2)

1. Corporation Name
HOLY TRINITY EPISCOPAL SCHOOL, INC

Principal Place of Business	Mailing Address
50 WEST STRAWBRIDGE AVE MELBOURNE FL 32901	50 WEST STRAWBRIDGE AVE MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1962
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-0823947 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

FORD, CATHERINE A
50 WEST STRAWBRIDGE AVE.
MELBOURNE FL 32901

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	D	1.1 TITLE	S ☒ Change ☐ Addition
NAME	WILLIFORD, JOY	1.2 NAME	Joy Williford
STREET ADDRESS	1565 FLG DR NE	1.3 STREET ADDRESS	2651 Chapparall Drive
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Melbourne, FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHMID, MARILYN	2.2 NAME	
STREET ADDRESS	623 CEDARSIDE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, GUY	3.2 NAME	
STREET ADDRESS	4615 COQUINA RIDGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	S ☒ Change ☐ Addition
NAME	LEWIS, FR. WILLIAM	4.2 NAME	Howze, Sara
STREET ADDRESS	50 W STRAWBRIDGE AVE	4.3 STREET ADDRESS	3249 Fairview Drive
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	C	5.1 TITLE	D ☒ Change ☐ Addition
NAME	DUHRING, CHRIS	5.2 NAME	Michael Wallis
STREET ADDRESS	8450 SYLVAN DRIVE	5.3 STREET ADDRESS	1304 S. Magnolia Drive
CITY-ST-ZIP	W. MELBOURNE FL	5.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: J. Williford 1-23-95 (407) 952-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003817