

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90060 027 ****69.00

DOCUMENT # 704956

1. Entity Name

HOLY TRINITY EPISCOPAL ACADEMY, INC.

Principal Place of Business

**50 WEST STRAWBRIDGE AVE
 MELBOURNE FL 32901**

Mailing Address

**50 WEST STRAWBRIDGE AVE
 MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0823947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

CATHERINE A. FORD

1/9/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** Delete
 NAME **WILLIFORD, JOY**
 STREET ADDRESS **2285 HARLOCK RD.**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **FLAVIN, THOMAS**
 STREET ADDRESS **1790 HWY A1A #206**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **X** Change Addition
 NAME **Vice Chairman**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **HAMILTON, PATTI**
 STREET ADDRESS **303 SUNSET BOULEVARD**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **X** Change Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GEOGHEGAN, TIMOTHY**
 STREET ADDRESS **208 LANTERNBACK ISLAND DR.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME **Rev. Dr. Dabney Smith**
 STREET ADDRESS **580 Franklyn Ave.**
 CITY-ST-ZIP **INDIALANTIC, FL. 32903**

TITLE **S** Delete
 NAME **RONALDSON, JERI**
 STREET ADDRESS **410 RIVERSIDE DR**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE Change Addition
 NAME **Secretary**
 STREET ADDRESS **Jackie Menzel**
 CITY-ST-ZIP **8426 Sylvan Drive**
W. Melbourne, FL. 32904

TITLE **T** Delete
 NAME **HOPKINS, JOHN**
 STREET ADDRESS **7970 TIMBERLAKE DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JACKIE MENZEL
SECRETARY

1-9-01 321-723-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)