

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704956

1. Entity Name

HOLY TRINITY EPISCOPAL ACADEMY, INC.

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 321-723-8323

Date Daytime Phone #

CR2E037 (10/00)