

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704956

1. Entity Name

HOLY TRINITY EPISCOPAL ACADEMY, INC.

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90171 049 \*\*\*\*61.25

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

5625 Holy Trinity Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Melbourne FL

4. FEI Number 59-0823947

Applied For

Not Applicable

Zip

Country

Zip 32940

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

5625 HOLY TRINITY DRIVE

City

Melbourne

FL

Zip Code

32940

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

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

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

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

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

TITLE D  
NAME SMITH, REV.DABNEY DR.  
STREET ADDRESS 580 FRANKLYN AVE.  
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE S  
NAME MENZEL, JACKIE  
STREET ADDRESS 8426 SYLVAN DRIVE  
CITY-ST-ZIP W MELBOURNE FL 32904 ☒ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE S ☒ Change ☐ Addition  
NAME William Harris  
STREET ADDRESS 8800 S. Tropical Trail  
CITY-ST-ZIP Merritt Island, FL. 32952

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:

SIGNATURE REQUIRED

CEO 1/10/02

CR2E037 (9/01)