

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704956

FILED
Jan 21, 2004
Secretary of State

Entity Name: HOLY TRINITY EPISCOPAL ACADEMY, INC.

Current Principal Place of Business:

50 WEST STRAWBRIDGE AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

5625 HOLY TRINITY DR
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-0823947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, CATHERINE A
5625 HOLY TRINITY DR
MELBOURNE, FL 32940 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: VC () Delete
Name: GIBSON, TOM
Address: 4 CHURCH ST.
City-St-Zip: COCOA, FL 32922

Title: C () Delete
Name: FLAVIN, THOMAS
Address: 1790 HWY A1A #206
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: BUESCHER, KEITH
Address: 812 OAK PARK DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SMITH, REV.DABNEY DR.
Address: 580 FRANKLYN AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: WILLIAM, HARRIS
Address: 8800 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: HOPKINS, JOHN
Address: 7970 TIMBERLAKE DRIVE
City-St-Zip: MELBOURNE, FL 32904

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: S (X) Change () Addition
Name: SUCHOSKI, TERESA
Address: 707 BROOKSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: T (X) Change () Addition
Name: COBB, KATHERINE
Address: 801 HUNTERS CREEK DRIVE
City-St-Zip: W. MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS P. FLAVIN

MR.

01/21/2004

Electronic Signature of Signing Officer or Director

Date