

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704956

FILED
Mar 05, 2008
Secretary of State

Entity Name: HOLY TRINITY EPISCOPAL ACADEMY, INC.

Current Principal Place of Business:

5625 HOLY TRINITY DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

5625 HOLY TRINITY DR
MELBOURNE, FL 32940

New Mailing Address:

5625 HOLY TRINITY DRIVE
MELBOURNE, FL 32940

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: COBB, KATHERINE
Address: 801 HUNTERS CREEK DRIVE
City-St-Zip: W. MELBOURNE, FL 32904

Title: C () Delete
Name: SUCHOSKI, TERESA
Address: 707 BROOKSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: CEO () Delete
Name: FORD, CATHERINE A
Address: 3308 CALLE DEL MAR
City-St-Zip: MELBOURNE, FL 32904

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

Title: S () Delete
Name: VALERIE, HOLLOWAY
Address: 863 POTOMAC DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: T () Delete
Name: FLAVIN, THOMAS P
Address: 1845 RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: HARRIS, BILL
Address: 3950 PINWOOD ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VALERIE, HOLLOWAY
Address: 863 POTOMAC DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: T (X) Change () Addition
Name: TOM, FLAVIN
Address: 1845 RIVER SHORE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: KUCERA, MATT
Address: 8545 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CATHERINE A FORD

MRS

03/05/2008

Electronic Signature of Signing Officer or Director

Date