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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:20

DOCUMENT # 714743 (2)

1. Corporation Name
HOLY TRINITY EPISCOPAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
100 NE FIRST ST. GAINESVILLE FL 32601	P. O. DRAWER 1589 GAINESVILLE FL 32602-1589 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1968
3a. Date of Last Report: 02/02/1994
4. FEI Number: 23-7010230 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SALTER, JAMES D.
703 N.E. FIRST ST.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	PETZOLD, MAX	1.2 NAME	
STREET ADDRESS	3210 N.W. 37 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLO, WAYNE P.	2.2 NAME	
STREET ADDRESS	515 N. MAIN ST. #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PITTMAN, DAVID	3.2 NAME	
STREET ADDRESS	100 NE 1ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	PTD	4.1 TITLE	☐ Change ☐ Addition
NAME	SALTER, JAMES D.	4.2 NAME	
STREET ADDRESS	703 N.E. FIRST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALSOBROOK, BETTY	5.2 NAME	
STREET ADDRESS	1620 N.W. 26TH WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	STREIFF, RICHARD DR.	6.2 NAME	
STREET ADDRESS	81 NW 44TH ST	6.3 STREET ADDRESS	LINDA KUNZ
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	4114 NW 15th GAINESVILLE FL 32605

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Salter President 2-14-95 904/376-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029435