FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 21 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 06/11/1968

4. FEI Number: 23-7010230 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALSOBROOK, BETTY		5.2 NAME	
STREET ADDRESS	1628 N.W. 26TH WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 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 JAMES D. SALTER 1-7-98 352-376-8201