

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90107 042 ****61.25

0011022

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714743

1. Corporation Name

HOLY TRINITY EPISCOPAL FOUNDATION, INC.

Principal Place of Business

**100 NE FIRST ST.
GAINESVILLE FL 32601**

Mailing Address

**P. O. DRAWER 1589
GAINESVILLE FL 32602-1589
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

06/11/1968

4. FEI Number

23-7010230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **PETZOLD, MAX**
STREET ADDRESS **3210 N.W. 37 ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **CASTELLO, WAYNE P.**
STREET ADDRESS **515 N. MAIN ST. #300**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **PITTMAN, DAVID**
STREET ADDRESS **100 NE 1ST ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **PTD** ☐ DELETE
NAME **SALTER, JAMES D.**
STREET ADDRESS **703 N.E. FIRST ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **ALSOBROOK, BETTY**
STREET ADDRESS **1628 N.W. 26TH WAY**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DAS** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **CAROLYN HENDERSON**
6.3 STREET ADDRESS **6716 SW 35 WAY**
6.4 CITY-ST-ZIP **GAINESVILLE, FL 32608**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. SALTER

2-17-99

(352) 376-8201

Date

Daytime Phone #

CR2E037 (11/98)