

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714743

FILED
Apr 27, 2005
Secretary of State

Entity Name: HOLY TRINITY EPISCOPAL FOUNDATION, INC.

Current Principal Place of Business:

100 NE FIRST ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357399
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 23-7010230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTER, JAMES D.
3440 NW 16TH BLVD BLDG B
GAINESVILLE, FL 32605 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: SD () Delete
Name: PETZOLD, MAX,
Address: 3210 N.W. 37 ST
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: CASTELLO, WAYNE P.,
Address: 515 N. MAIN ST. #300
City-St-Zip: GAINESVILLE, FL

Title: PTD () Delete
Name: SALTER, JAMES D.,
Address: 3940 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 3205

Title: D () Delete
Name: ALSOBROOK, BETTY,
Address: 1628 N.W. 26TH WAY
City-St-Zip: GAINESVILLE, FL 00000,

Title: D () Delete
Name: HENDERSON, CAROLYN
Address: 6716 SW 35 WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: TREMAINE, GORDON H
Address: 100 NE FIRST STREET
City-St-Zip: GAINESVILLE, FL 32601

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
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Address:
City-St-Zip:

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

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

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: JAMES D SALTER

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date