


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90044 006 ****61.25

DOCUMENT # 714743 1. Entity Name HOLY TRINITY EPISCOPAL FOUNDATION, INC.					
Principal Place of Business 100 NE FIRST ST. GAINESVILLE, FL 32601			Mailing Address P.O. BOX 357399 GAINESVILLE, FL 32635 US		
2. Principal Place of Business - No P.O. Box # 3940 NW 16th Blvd.		3. Mailing Address Suite, Apt. #, etc. Bldg. B			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 23-7010230	
Zip 32605		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALTER, JAMES D. 3440 NW 16TH BLVD BLDG B GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name Salter, James D. Street Address (P.O. Box Number is Not Acceptable) 3940 NW 16th Blvd., Bldg. B City Gainesville FL Zip Code 32605		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>James D. Salter</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>1-7-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PETZOLD, MAX 3210 N.W. 37 ST GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Loch, Louanne The Rev. 100 NE 1st Street Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTELLO, WAYNE P. 515 N. MAIN ST. #300 GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pierson, Ann 1831 NW 10th Avenue Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SALTER, JAMES D. 3940 NW 16TH AVENUE GAINESVILLE, FL 3205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Salter, James D. 3940 NW 16th Blvd., Bldg B Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALSOBROOK, BETTY 1628 N.W. 26TH WAY GAINESVILLE, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Henderson, Carolyn 4017 SW 69th Avenue Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, CAROLYN 6716 SW 35 WAY GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Henderson, Carolyn 4017 SW 69th Avenue Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBB, KERRY 1810 NW 34TH STREET GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Henderson, Carolyn 4017 SW 69th Avenue Gainesville, FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James D. Salter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>01-07-08</i> 352-376-8201 <small>Daytime Phone #</small>		