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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 JAN 26 PM 3:37

DOCUMENT # 722353 (0)

1. Corporation Name

HOLY TRINITY EPISCOPAL CHURCH OF WEST PALM BEACH , INC.

Principal Place of Business	Mailing Address
211 TRINITY PLACE WEST PALM BEACH FL 33401-6132	211 TRINITY PLACE WEST PALM BEACH FL 33401-6132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1971
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-0766983 ☐ 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 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: 33401-6119 Country 30:

9. Name and Address of Current Registered Agent

MILLER, LISA A
9334 LONG MEADOW CIR
BOYNTON BCH FL 33436

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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	DEHON, FREDERIC T	1.2 NAME		
STREET ADDRESS	312 E LAKEWOOD RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH. FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, LINDA K	2.2 NAME		
STREET ADDRESS	5060A ELMHURST RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	P	☒ Change ☐ Addition
NAME	ROGERS III, WILLIAM H	3.2 NAME	BARDIN, JR, O'Neal	
STREET ADDRESS	3200 WASHINGTON RD W	3.3 STREET ADDRESS	359 Palmetto Street	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach FL 33405	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	FARRELL, JAMES A	4.2 NAME		
STREET ADDRESS	101 RUTLAND BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Frederic T. Dehon — 1-18-95 — 407-835-0567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frederic T. Dehon, Treasurer

0010780