

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **12/29/1971** 3a. Date of Last Report **01/26/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

## 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 **James A. Farrell**  
82 Street Address (P.O. Box Number is Not Acceptable) **101 Rutland Blvd**  
83 **West Palm Beach FL 33405**  
84 City **West Palm Beach** FL 85 Zip Code **33405**

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)

2-21-96

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEHON, FREDERIC T	
STREET ADDRESS	312 E LAKEWOOD RD	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, LINDA K	
STREET ADDRESS	5060A ELMHURST RD	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BARDIN, O'NEAL JR	
STREET ADDRESS	359 PALMETTO STREET	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, JAMES A	
STREET ADDRESS	101 RUTLAND BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Heather Luttier
2.3 STREET ADDRESS	2421 S Flagler Drive
2.4 CITY - ST - ZIP	West Palm Beach FL 33401
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD Hamblin, Maynard C.
3.3 STREET ADDRESS	2611 Mohawk Circle
3.4 CITY - ST - ZIP	West Palm Beach FL 33409
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD Rogers, S. Emory
4.3 STREET ADDRESS	215 Russlyn Drive
4.4 CITY - ST - ZIP	West Palm Beach FL 33405
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Frederic T. Dehon

2-21-96

Date

407-835-0567

Daytime Phone #

CR2E037 (12/95)