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Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 33401-6132211 TRINITY PLACE  
WEST PALM BEACH FL 33401-61193. Date Incorporated or Qualified  
12/29/19713a. Date of Last Report  
02/26/19964. FEI Number  
59-0766983Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRELL, JAMES A.  
101 RUTLAND BLVD  
WEST PALM BEACH FL 3340581 Name  
S. Emory Rogers82 Street Address (P.O. Box Number is Not Acceptable)  
215 Russlyn Drive

83 West Palm Beach FL 33405

84 City  
West Palm Beach85 Zip Code  
FL 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE  
NAME DEHON, FREDERIC T  
STREET ADDRESS 312 E LAKEWOOD RD  
CITY-ST-ZIP W PALM BCH. FLTITLE S ☐ DELETE  
NAME LUTTIER, HEATHER  
STREET ADDRESS 2421 S FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FLTITLE PD ☐ DELETE  
NAME HAMBLIN, MAYNARD C.  
STREET ADDRESS 2611 MOHAWK CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FLTITLE VD ☒ DELETE  
NAME ROGERS, S. EMORY  
STREET ADDRESS 215 RUSSLYN DRIVE  
CITY-ST-ZIP WEST PALM BEACH FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME John M. Potter II  
1.3 STREET ADDRESS 250 Costello Road  
1.4 CITY-ST-ZIP West Palm Beach FL 334052.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME Raymond A. Liberti  
4.3 STREET ADDRESS 6810 Hammock Lane  
4.4 CITY-ST-ZIP West Palm Beach FL 334115.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: John M. Potter II REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

686-1110

Date

Daytime Phone # 0038123

CR2E037 (9/96)