

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90048 025 \*\*\*\*61.25

DOCUMENT # 722353

1. Corporation Name

HOLY TRINITY EPISCOPAL CHURCH OF WEST PALM BEACH  
INC.

Principal Place of Business

211 TRINITY PLACE  
WEST PALM BEACH FL 33401-6132

Mailing Address

211 TRINITY PLACE  
WEST PALM BEACH FL 33401-6132

384300 - 90048 - 25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified  
12/29/1971

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

9. Name and Address of Current Registered Agent

ROGERS, S. EMORY  
215 RUSSLYN DRIVE  
WEST PALM BEACH FL 33405

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 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)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE  
NAME POTTER, JOHN M.  
STREET ADDRESS 250 COSTELLO ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33405

T ☐ DELETE  
NAME LUTTIER, HEATHER  
STREET ADDRESS 2421 S. FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

T ☒ DELETE  
NAME LIBERTI, RAYMOND  
STREET ADDRESS 6810 HAMMOCK LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33411

VD ☒ DELETE  
NAME LIBERTI, RAYMOND  
STREET ADDRESS 6810 HAMMOCK LANE  
CITY-ST-ZIP WESTPALM BEACH FL

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Bonnie Weaver  
3.3 STREET ADDRESS 103 Elwa Place  
3.4 CITY-ST-ZIP West Palm Beach, FL 33405  
President

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Jackie Winchester  
4.3 STREET ADDRESS 1901 Caribbean Rd.  
4.4 CITY-ST-ZIP West Palm Beach, FL 33406  
Vice President

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *John M. Potter, II* *Treasurer* 4-9-99 561-641-3467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #