

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 22, 2000 8:00 am
Secretary of State

04-27-2000 90007 045 ****61.25

DOCUMENT # 722353

1. Entity Name

HOLY TRINITY EPISCOPAL CHURCH OF WEST PALM BEACH

Principal Place of Business

211 TRINITY PLACE
WEST PALM BEACH FL 33401-6132

Mailing Address

211 TRINITY PLACE
WEST PALM BEACH FL 33401-6119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0766983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	POTTER, JOHN M	
STREET ADDRESS	250 COSTELLO ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUTTIER, HEATHER	
STREET ADDRESS	2421 S. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIBERTI, RAYMOND	
STREET ADDRESS	6810 HAMMOCK LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LIBERTI, RAYMOND	
STREET ADDRESS	6810 HAMMOCK LANE	
CITY-ST-ZIP	WESTPALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, BONNIE	
STREET ADDRESS	103 ELMA PL	
CITY-ST-ZIP	WPB FL 33405	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WICHESTER, JACKIE	
STREET ADDRESS	1901 CARIBBEAN RD	
CITY-ST-ZIP	WPB FL 33406	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Warden Vice President
STREET ADDRESS	Brent A. Owens
CITY-ST-ZIP	7570 Prescott Lane
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Warden President
STREET ADDRESS	Tom G. Burns
CITY-ST-ZIP	890 Briarwood Dr.
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33415

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/00

Date

Daytime Phone #

(561) 686-1110

CR2E037 (9/99)