

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90003 016 ****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 33401-6132**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	POTTER, JOHN M	250 COSTELLO ROAD	WEST PALM BEACH FL 33405	<input type="checkbox"/>
T	LUTTIER, HEATHER	2421 S. FLAGLER DRIVE	WEST PALM BEACH FL 33401	<input type="checkbox"/>
T	LIBERTI, RAYMOND	6810 HAMMOCK LANE	WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/>
VD	LIBERTI, RAYMOND	6810 HAMMOCK LANE	WESTPALM BEACH FL	<input checked="" type="checkbox"/>
P	WEAVER, BONNIE	103 ELMA PL	WPB FL 33405	<input checked="" type="checkbox"/>
VP	WICHESTER, JACKIE	1901 CARIBBEAN RD	WPB FL 33408	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Brent Owens	211 Trinity Place	W.P.B., FL 33401	<input checked="" type="checkbox"/>
	Susan Stuber	211 Trinity Place	W.P.B., FL 33401	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

4/11/01

Daytime Phone #

CR2E037 (10/00)