

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90065 020 \*\*\*\*61.25

**DOCUMENT # 722353**

1. Entity Name

**HOLY TRINITY EPISCOPAL CHURCH OF WEST PALM BEACH, INC.**

Principal Place of Business

Mailing Address

**311 TRINITY PLACE  
 WEST PALM BEACH FL 33401-6132**

**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

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

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

☒ Delete

D  
 NAME **Duane H Bennett Jr.** Senior Warden ☐ Change ☒ Addition  
 STREET ADDRESS **235 Russlyn Drive**  
 CITY-ST-ZIP **West Palm Beach FL 33405**

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

☒ Delete

D  
 NAME **Bonnie Weaver** Jr. Warden ☐ Change ☒ Addition  
 STREET ADDRESS **103 Elma Pl**  
 CITY-ST-ZIP **West Palm Beach Fl 33415**

TP  
 NAME **OWENS, BRENT**  
 STREET ADDRESS **211 TRINITY PLACE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

☒ Delete

T  
 NAME **Thomas G Burns** Treasurer ☐ Change ☒ Addition  
 STREET ADDRESS **890 Briarwood Dr**  
 CITY-ST-ZIP **West Palm Beach Fl 33415**

VPT  
 NAME **STABER, SUSAN**  
 STREET ADDRESS **211 TRINITY PLACE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

☒ Delete

T  
 NAME **Kirk Grantham**  
 STREET ADDRESS **303 Marlborough Rd**  
 CITY-ST-ZIP **West Palm Beach Fl 33405**

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 REQUIRED**

**1-31-02**

**655-8650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)