2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 722353

Entity Name: HOLY TRINITY EPISCOPAL CHURCH OF WEST PALM BEACH, INC.

Current Principal Place of Business:

211 TRINITY PLACE
WEST PALM BEACH, FL 334016132

New Principal Place of Business:

Current Mailing Address:

211 TRINITY PLACE
WEST PALM BEACH, FL 334016132

New Mailing Address:

FEI Number: 59-0766983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DSW ( ) Delete
Name: WEAVER, BONNIE
Address: 103 ELWA PLACE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DJW ( ) Delete
Name: RASNICK, ANTHONY
Address: 2288 GABRIEL LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T ( ) Delete
Name: BURNS, THOMAS
Address: 890 BRIARWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T ( ) Delete
Name: GRANTHAM, KIRK
Address: 1410 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T BURNS O 04/28/2006

Electronic Signature of Signing Officer or Director — Date