

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722353

FILED
Apr 19, 2008
Secretary of State

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: RICHARDSON, JAMES
Address: 606 N PALM WAY
City-St-Zip: LAKE WORTH, FL 33460

Title: DJW () Delete
Name: ST ANTOINE, THOMAS
Address: 819 37TH AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: FORBES, BERKLEY
Address: 2355 CURLEY COURT
City-St-Zip: WEST PALM BEACH, FL 33411

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: DJW (X) Change () Addition
Name: DICKENS, THOMAS
Address: 713 7TH CT
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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: JAMES RICHARDSON

DSW

04/19/2008

Electronic Signature of Signing Officer or Director

Date