

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726857 (6)
1. Corporation Name
TRINITY EPISCOPAL CHURCH, VERO BEACH, FLORIDA



Principal Place of Business: 2338 GRANADA AVE, VERO BEACH FL 32960
Mailing Address: 2338 GRANADA AVE, VERO BEACH FL 32960

3. Date Incorporated or Qualified: 07/03/1973
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-0774209
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKETT, BRUCE
756 BEACHLAND BLVD
VERO BCH FL 32963

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRITZ, THOMAS	
STREET ADDRESS	940 48 AVE	
CITY - ST - ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COYLE, LORNE D	
STREET ADDRESS	1695 SAND DOLLAR WAY	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, KAY	
STREET ADDRESS	525 LIVE OAK RD	
CITY - ST - ZIP	VERO BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUDZINSKI, JAMES E	
STREET ADDRESS	2055 55TH AVENUE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, WILLIAM	
STREET ADDRESS	725 LIVE OAK LANE	
CITY - ST - ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gordon, William	
13 STREET ADDRESS	725 Live Oak Lane	
14 CITY - ST - ZIP	VERO BEACH, FL 32963	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ross, Alex	
33 STREET ADDRESS	1310 Little Harbour Drive	
34 CITY - ST - ZIP	VERO BEACH, FL 32963	
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	McNamee, William A.	
43 STREET ADDRESS	110 Peppertree Drive	
44 CITY - ST - ZIP	VERO BEACH, FL 32963	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Brown, Kay	
53 STREET ADDRESS	525 Live Oak Road	
54 CITY - ST - ZIP	VERO BEACH, FL 32963	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *William A. McNamee* 2/28/96 567-1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)