

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726857 (6)**  
1. Corporation Name  
**TRINITY EPISCOPAL CHURCH, VERO BEACH, FLORIDA**



Principal Place of Business <b>2338 GRANADA AVE. VERO BEACH FL 32960</b>	Mailing Address <b>2338 GRANADA AVE. VERO BEACH FL 32960</b>
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3. Date Incorporated or Qualified <b>07/03/1973</b>		
4. FEI Number <b>59-0774209</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21 2365 Pine Ave</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2365 Pine Ave</b> Suite, Apt. #, etc.
22 City & State <b>23 Vero Beach, Florida</b>	27 City & State <b>28 Vero Beach, Florida</b>
24 Zip <b>32960-0528</b>	25 Country <b>Indian River</b>
29 Zip <b>32960-0528</b>	30 Country <b>Indian River</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BARKETT, BRUCE  
758 BEACHLAND BLVD  
VERO BCH FL 32963**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, KATHRYN</b>		1.2 NAME <b>ROSS, ALEX</b>	
STREET ADDRESS <b>525 LIVE OAK RD.</b>		1.3 STREET ADDRESS <b>1310 LITTLE HARBOUR DRIVE</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>		1.4 CITY-ST-ZIP <b>VERO BEACH, FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COYLE, LORNE D</b>		2.2 NAME	
STREET ADDRESS <b>1695 SAND DOLLAR WAY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARTHOLOMAY, JULIA A</b>		3.2 NAME	
STREET ADDRESS <b>220 PEPPERTREE DR. S.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HILL, HENRY P</b>		4.2 NAME	
STREET ADDRESS <b>1285 W. S.WINDS BLVD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSS, ALEX</b>		5.2 NAME <b>LOWRY, LIONEL</b>	
STREET ADDRESS <b>1310 LITTLE HARBOR DR.</b>		5.3 STREET ADDRESS <b>406 SABLE OAK DR</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>		5.4 CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Alex Ross, sec. w.m.* **ALEX ROSS** 3/19/98 (561-567-1146)

CR2E037 (10/97)