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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726857

1. Corporation Name

TRINITY EPISCOPAL CHURCH, VERO BEACH, FLORIDA

Principal Place of Business

2365 PINE AVE
 VERO BEACH FL 32960-0528
 US

Mailing Address

2365 PINE AVE
 VERO BEACH FL 32960-0528
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/03/1973

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

9. Name and Address of Current Registered Agent

BARKETT, BRUCE
756 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

FL

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 **Bruce Barkett, Chancellor**

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

(NOTE: Registered Agent signature required when reinstating)

Bruce Barkett
 3/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** DELETE
 NAME **ROSS, ALEX**
 STREET ADDRESS **1310 LITTLE HARBOUR DR**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **PD** DELETE
 NAME **COYLE, LORNE D**
 STREET ADDRESS **1695 SAND DOLLAR WAY**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **SD** DELETE
 NAME **BARTHOLOMAY, JULIA A**
 STREET ADDRESS **220 PEPPERTREE DR. S.**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **TD** DELETE
 NAME **HILL, HENRY P**
 STREET ADDRESS **1265 W. S.WINDS BLVD.**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** DELETE
 NAME **LOWRY, LIONEL**
 STREET ADDRESS **406 SABLE OAK DR**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** Change Addition
 1.2 NAME **Mr. Lionel Lowry**
 1.3 STREET ADDRESS **406 Sable Oak Drive**
 1.4 CITY-ST-ZIP **Vero Beach, FL 32963-3810**

2.1 TITLE **PDC** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **SD** Change Addition
 3.2 NAME **Mrs. Sally Hoover**
 3.3 STREET ADDRESS **634 Centre Ct. SW, #101**
 3.4 CITY-ST-ZIP **Vero Beach, FL 32962-5545**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **D** Change Addition
 5.2 NAME **Mr. John Hardy**
 5.3 STREET ADDRESS **371 Island Creek Drive**
 5.4 CITY-ST-ZIP **Vero Beach, FL 32963-3306**

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: **D. Lorne Coyle** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.31.99
 Date

561-567-1146
 Daytime Phone #

CR2F037-141/98