

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90076 028 ****61.25

DOCUMENT # 726857
 1. Entity 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-0774209 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BARKETT, BRUCE
756 BEACHLAND BLVD
VERO BCH FL 32963

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HYDE, CHRISTINE M |
| STREET ADDRESS | 2241 BONITA AVE |
| CITY-ST-ZIP | VERO BEACH FL 32960 |
| TITLE | PDC <input type="checkbox"/> Delete |
| NAME | COYLE, LORNE D |
| STREET ADDRESS | 1695 SAND DOLLAR WAY |
| CITY-ST-ZIP | VERO BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | REAMY, H. JAMES |
| STREET ADDRESS | 1696 20TH PLACE |
| CITY-ST-ZIP | VERO BEACH FL 32962 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | BARKETT, JANET |
| STREET ADDRESS | 3011 NASSAU DRIVE |
| CITY-ST-ZIP | VERO BEACH FL 32960 |
| TITLE | VD <input checked="" type="checkbox"/> Delete |
| NAME | HARDY, JOHN MR |
| STREET ADDRESS | 371 ISLAND CREEK DR |
| CITY-ST-ZIP | VERO BEACH FL 32963-3306 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BLACKBURN, BILL |
| STREET ADDRESS | 1295 LITTLE HARBOUR LANE |
| CITY-ST-ZIP | VERO BEACH FL 32963 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/Jr. Warden | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/Sr. Warden | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hugh F. Reichardt | |
| STREET ADDRESS | 490 10th Avenue | |
| CITY-ST-ZIP | Vero Beach, FL 32962 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **D. Lorne Coyle** **561-567-1146**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)