# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:27

DOCUMENT # 731934 (6)

1. Corporation Name

HOLY TRINITY EPISCOPAL CHURCH OF MELBOURNE, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 50 W STRAWBRIDGE AVE<br>MELBOURNE FL 32901 | 50 W STRAWBRIDGE AVE<br>MELBOURNE FL 32901 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1975
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1211306 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LEWIS, REV WILLIAM G.
606 MANGO DRIVE
MELBOURNE BCH FL 32951

10. Name and Address of New Registered Agent

81 Name: The Rev. Robert M. Bruckart
82 Street Address (P.O. Box Number is Not Acceptable): 2327 St. Andrew's Circle
83: Melbourne
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert M. Bruckart, Priest-In-Charge, Fr. Robert M. Bruckart 1/16/95
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 | P | 1.1 TITLE | P ☒ Change ☐ Addition |
| NAME | LEWIS, WM G | 1.2 NAME | Bruckart, The Rev. Robert M. |
| STREET ADDRESS | 606 MANGO DRIVE | 1.3 STREET ADDRESS | 2327 St. Andrew's Circle |
| CITY-ST-ZIP | MELBOURNE, FL 00000 | 1.4 CITY-ST-ZIP | Melbourne, Fl 32901 |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MARILYN SHULMAN | 2.2 NAME | |
| STREET ADDRESS | 3526 BRROKSIDE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | DR. DICK LORELLE | 3.2 NAME | |
| STREET ADDRESS | 357 FRANKLYN AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | XX Change ☐ Addition |
| NAME | JOSEPH GLOVER III | 4.2 NAME | |
| STREET ADDRESS | 635 CRASSAS DRIVE | 4.3 STREET ADDRESS | delete - no replacement for Glover III |
| CITY-ST-ZIP | INDIALANTIC FL | 4.4 CITY-ST-ZIP | |
| TITLE | TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BATCHELOR, STEPHEN | 5.2 NAME | |
| STREET ADDRESS | 2108 S. COUNTRY CLUB RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | MEEHAN, LEE ANN | 6.2 NAME | |
| STREET ADDRESS | 627 ORANGE GROVE AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | W MELBOURNE FL | 6.4 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)(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:** Steven Batchelor, Treasurer 1/16/95 407-723-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035172