


FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731934 (6)**  
1. Corporation Name  
**HOLY TRINITY EPISCOPAL CHURCH OF MELBOURNE, FLORIDA, INC.**



Principal Place of Business <b>50 W STRAWBRIDGE AVE MELBOURNE FL 32901</b>	Mailing Address <b>50 W STRAWBRIDGE AVE MELBOURNE FL 32901-4439</b>
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3. Date Incorporated or Qualified <b>02/20/1975</b>	3a. Date of Last Report <b>03/18/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1211306</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILLER, JOHN E. REV III 2012 KENT STREET NE PALM BAY FL 32907</b>	
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10. Name and Address of New Registered Agent 81 Name <b>DAVID C. LORD, REV.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>50 W. Strawbridge Ave.</b> 83 <b>Melbourne, FL. 32901</b> 84 City <b>MELBOURNE,</b> 85 Zip Code <b>FL 32901</b>	
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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]* DATE **6/5/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, JOHN E. REV III 2012 KENT STREET NE PALM BAY FL 32907</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>David C. Lord, Rev. P 50 W. Strawbridge Ave. Melbourne, FL. 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARILYN SHULMAN 3526 BROOKSIDE DR INDIALANTIC FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SENIOR WARDEN/VESTRY VD ROBERT RILEY 421 Collsen Ave., N.E. Palm Bay, FL. 32907</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DR. DICK LORELLE 357 FRANKLYN AVE INDIALANTIC FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>JUNIOR WARDEN/VESTRY VD WALT KOENIG 2583 A1A Melbourne Beach, FL. 32951</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BATCHELOR, STEPHEN 2108 S. COUNTRY CLUB RD MELBOURNE FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>TREASURER TD ANNEKE BERTSCH 501 Sonora Circle Indialantic, FL. 32903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MEEHAN, LEE ANN 627 ORANGE GROVE AVE W MELBOURNE FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>SECRETARY SD JOY WILLIFORD 2282 Harlock Rd. Melbourne, FL. 32934</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E037 (9/96)