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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90091 022 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 731934**

1. Corporation Name

**HOLY TRINITY EPISCOPAL CHURCH OF MELBOURNE, FLORIDA, INC.**

Principal Place of Business

50 W STRAWBRIDGE AVE  
 MELBOURNE FL 32901

Mailing Address

50 W STRAWBRIDGE AVE  
 MELBOURNE FL 32901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/20/1975

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

9. Name and Address of Current Registered Agent

**LORD, DAVID C REV**  
**50 W STRAWBRIDGE AVE**  
**MELBOURNE FL 32901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
 NAME **LORD, REV DAVID C**  
 STREET ADDRESS **50 W STRAWBRIDGE AVE**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** ☐ DELETE  
 NAME **RYALS, JACK**  
 STREET ADDRESS **5365 SANDLAKE DR**  
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VD** ☒ DELETE  
 NAME **LOS, AL**  
 STREET ADDRESS **546 LAMBETH WALK**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32901**

TITLE **TD** ☐ DELETE  
 NAME **BERTSCH, ANNEKE**  
 STREET ADDRESS **501 SONORA CIR**  
 CITY-ST-ZIP **INDIANLANTIC FL**

TITLE **SD** ☒ DELETE  
 NAME **EVANS, RANDY**  
 STREET ADDRESS **2980 PENNSYLVANIA ST**  
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
 1.2 NAME **SMITH, REV DABNEY T**  
 1.3 STREET ADDRESS **50 W STRAWBRIDGE AVE**  
 1.4 CITY-ST-ZIP **MELBOURNE FL #@(!)**

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

3.1 TITLE **VD** ☒ Change ☐ Addition  
 3.2 NAME **SNEAD, BILL**  
 3.3 STREET ADDRESS **477 IRONWOOD DRIVE**  
 3.4 CITY-ST-ZIP **MELBOURNE FL 32935**

4.1 TITLE **TD** ☐ Change ☐ Addition  
 4.2 NAME **LONG, ROBERT**  
 4.3 STREET ADDRESS **220 GLENGARRY AVE**  
 4.4 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

5.1 TITLE **SD** ☒ Change ☐ Addition  
 5.2 NAME **ADAMS, DWIGHT**  
 5.3 STREET ADDRESS **1454 CYPRESS TRACE DRIVE**  
 5.4 CITY-ST-ZIP **MELBOURNE FLORIDA 32901**

6.1 TITLE ☐ Change ☐ Addition  
 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:

*[Signature]*  
 REGISTERED AGENT SIGNATURE REQUIRED

2/23/99

407-723-5272

CR2E037 (11/98)