

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731934

1. Entity Name

HOLY TRINITY EPISCOPAL CHURCH OF MELBOURNE, FLOR

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90038 018 ****61.25

Principal Place of Business Mailing Address
 50 W STRAWBRIDGE AVE 50 W STRAWBRIDGE AVE
 MELBOURNE FL 32901 MELBOURNE FL 32901-4438



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 Applied For
 59-1211306 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LORD, DAVID C REV
 50 W STRAWBRIDGE AVE
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name The Rev. Dr. Dabney T. Smith
 Street Address (P.O. Box Number is Not Acceptable) 50 W. Strawbridge Ave.
 City Melbourne FL Zip Code 32901

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]* DATE 4/19/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DABNER T REV		NAME		
STREET ADDRESS	50 W STRAWBRIDGE AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYALS, JACK		NAME	Ryals, Jack	
STREET ADDRESS	5365 SANDLAKE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEAD, BILL		NAME	Shulman, Marilyn	
STREET ADDRESS	477 IRONWOOD DR		STREET ADDRESS	2369 Brookside Drive	
CITY-ST-ZIP	MELBOURNE BEACH FL 32935		CITY-ST-ZIP	Indialantic, FL 32902	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, ROBERT		NAME		
STREET ADDRESS	220 GLENGARRY AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL 32951		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DWIGHT		NAME		
STREET ADDRESS	1454 CYPRESS TRACE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE 4/19/00 321-723-5272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CF2E037 (9/99)