

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90142 022 ****61.25

DOCUMENT # 731934

1. Entity Name

HOLY TRINITY EPISCOPAL CHURCH OF MELBOURNE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**50 W STRAWBRIDGE AVE
 MELBOURNE FL 32901**

**50 W STRAWBRIDGE AVE
 MELBOURNE FL 32901**

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

59-1211306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DR DABNEY T REV
 50 W STRAWBRIDGE AVE
 MELBOURNE FL 32901**

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)

3/26/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **SMITH, DABNER T REV *Dabney**
 STREET ADDRESS **50 W STRAWBRIDGE AVE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **RYALS, JACK**
 STREET ADDRESS **5385 SANDLAKE DR**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Lt. Col. U. Carr Loftin**
 STREET ADDRESS **11 Riverview Terrace**
 CITY-ST-ZIP **Indianalantic, FL 32903**

TITLE **VD** ☒ Delete
 NAME **SNEAD, BILL**
 STREET ADDRESS **477 IRONWOOD DR**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32935**

TITLE **VD** ☐ Change ☒ Addition
 NAME **William Scott Potter**
 STREET ADDRESS **1199 Treebark Ave. N.E.**
 CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE **VD** ☒ Delete
 NAME **SHULMAN, MARILYN**
 STREET ADDRESS **2369 BROOKSIDE DRIVE**
 CITY-ST-ZIP **INDIANATLANTIC FL 32902**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Robert Turner**
 STREET ADDRESS **304 Cocoa Ave**
 CITY-ST-ZIP **Indianalantic, FL 32903**

TITLE **SD** ☒ Delete
 NAME **ADAMS, DWIGHT**
 STREET ADDRESS **1454 CYPRESS TRACE DR**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Sandra Hillyer**
 STREET ADDRESS **1960 Villa Espana Trail**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Registered Agent

3/26/02

321-723-5272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)

0013707