
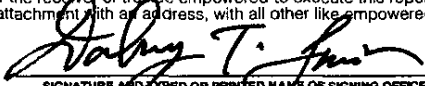


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90025 037 \*\*\*\*61.25

<b>DOCUMENT # 731934</b> 1. Entity Name <b>HOLY TRINITY EPISCOPAL CHURCH OF MELBOURNE, FLORIDA, INC.</b>					
Principal Place of Business <b>50 W STRAWBRIDGE AVE MELBOURNE, FL 32901</b>			Mailing Address <b>50 W STRAWBRIDGE AVE MELBOURNE, FL 32901</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1211306</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, DR DABNEY T REV 50 W STRAWBRIDGE AVE MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DABNER T REV 50 W STRAWBRIDGE AVE MELBOURNE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIFORD, JOYCE 2285 HARLOCK ROAD MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD William S. Potter 1199 Treebark Ave. N.E. Palm Bay, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTER, WILLIAM S 1199 TREEBARK AVE. N.E. PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD James Pearson 425 St. Lucia Ct. Indian Harbor Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, TIMOTHY 1795 HARDIN LANE NE PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECHTEL, ROBERTA 839 INDIAN RIVER DRIVE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD James Biggin 36 Marina Isles Blvd. Indian Harbor, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			Dabney T. Smith		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/16/04 321-723-5272		
<small>Date</small>			<small>Daytime Phone #</small>		