

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90146 014 \*\*\*\*61.25

**DOCUMENT # 731934**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1830 S. Babcock St  
Melbourne, FL  
32901

20029387



1st MOORE

CR2E037 (10/04)

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

MARLOWE K. IVERSON  
50 W. STRAWBRIDGE AV  
MELBOURNE

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DABNER T REV	
STREET ADDRESS	50 W STRAWBRIDGE AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POTTER, WILLIAM S	
STREET ADDRESS	1199 TREEBARK AVE. NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POTTER, WILLIAM S	
STREET ADDRESS	1199 TREEBARK AVE. N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, TIMOTHY	
STREET ADDRESS	1795 HARDIN LANE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEARSON, JAMES	
STREET ADDRESS	435 ST. LUCIA CT.	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Rector	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlowe Iverson	
STREET ADDRESS	50 W. Strawbridge Ave.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Crews	
STREET ADDRESS	3159 Minton Road	
CITY-ST-ZIP	W. Melbourne, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Marlowe Iverson*

Marlowe Iverson

4/5/05

(321)

723-5272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #