

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90174 046 ****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

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

**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)

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. 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

FILE NOW: FEE IS \$61.25

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 NAME	P SMITH, DABNER T REV	<input type="checkbox"/> Delete
STREET ADDRESS	50 W STRAWBRIDGE AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE NAME	TD LOFTIN, U. CARR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11 RIVERVIEW TERRACE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE NAME	VD POTTER, WILLIAM S	<input type="checkbox"/> Delete
STREET ADDRESS	1199 TREEBARK AVE. N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE NAME	VD TUNER, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	304 COCOA AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE NAME	SD HILLYER, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1960 VILLA ESPANA TRAIL	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD Joyce Williford	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2285 Harlock Road	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Timothy Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1795 Hardin Lane NE	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE NAME	SD Roberta Bechtel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	839 Indian River Drive	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Dabney T. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dabney T. Smith

2/28/03

321-723-5272

CR2E037 (10/02)