

DOCUMENT # N00000002187

1. Entity Name
THE CHURCH OF THE HOLY TRINITY (ANGLICAN), INCOR

Principal Place of Business Mailing Address
1020 FLORIDA BOULEVARD 1020 FLORIDA BOULEVARD
NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90053 005 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-363-6511 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
SASSER, JOSEPH H SR 1020 FLORIDA BOULEVARD NEPTUNE BEACH FL 32266
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 _____ DATE _____
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	D SASSER, JOSEPH H SR 1020 FLORIDA BOULEVARD NEPTUNE BEACH FL 32266	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D POWELL, EDWIN L 112 FLEET LANDING BLVD. ATLANTIC BEACH FL 32233	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HART, ROBERT L 410 SEAGATE AVENUE NEPTUNE BEACH FL 32266	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MIMS, WADDILL 220 SOUTH STREET NEPTUNE BEACH FL 32266	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ADAMS, ROBERT C 390 GLENDINING ROAD ORANGE PARK FL 32073	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CHAPPELLE, GEORGE 10942 FT. GEORGE ROAD EAST JACKSONVILLE FL 32226	TITLE	
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: Joseph H. Sasser, Sr. 1/5/01 (904)241-9279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #