

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90007 005 ****70.00

DOCUMENT # N00000002187

1. Entity Name

THE CHURCH OF THE HOLY TRINITY (ANGLICAN), INCORPORATED

Principal Place of Business

Mailing Address

1020 FLORIDA BOULEVARD
 NEPTUNE BEACH FL 32266

1020 FLORIDA BOULEVARD
 NEPTUNE BEACH FL 32266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3636511

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SASSER, JOSEPH H SR**
 STREET ADDRESS **1020 FLORIDA BOULEVARD**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POWELL, EDWIN L**
 STREET ADDRESS **112 FLEET LANDING BLVD.**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HART, ROBERT L**
 STREET ADDRESS **410 SEAGATE AVENUE**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MIMS, WADDILL**
 STREET ADDRESS **220 SOUTH STREET**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ADAMS, ROBERT C**
 STREET ADDRESS **390 GLENDINING ROAD**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CHAPPELLE, GEORGE**
 STREET ADDRESS **10942 FT. GEORGE ROAD EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

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:

Joseph H Sasser, Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph H Sasser, Sr. 1/10/02 (904) 247-1442

Date

Daytime Phone #

CR2E037 (9/01)