

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002187**

1. Entity Name

THE CHURCH OF THE HOLY TRINITY (ANGLICAN), INCORPORATED

Principal Place of Business

**1020 FLORIDA BOULEVARD
NEPTUNE BEACH FL 32266**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-3636511

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SASSER, JOSEPH H SR
1020 FLORIDA BOULEVARD
NEPTUNE BEACH FL 32266****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.

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	SASSER, JOSEPH H SR	
STREET ADDRESS	1020 FLORIDA BOULEVARD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, EDWIN L	
STREET ADDRESS	112 FLEET LANDING BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HART, ROBERT L	
STREET ADDRESS	410 SEAGATE AVENUE	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MIMS, WADDILL	
STREET ADDRESS	220 SOUTH STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT C	
STREET ADDRESS	390 GLENDINING ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPPELLE, GEORGE	
STREET ADDRESS	10942 FT. GEORGE ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32226	

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

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)