

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90006 018 \*\*\*\*70.00

**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**

**50003629**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

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. 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

**Filing 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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Cornelia Hart**  
STREET ADDRESS **410 Seagate Avenue**  
CITY-ST-ZIP **Neptune Beach, Fl. 32266**

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 **D** ☐ Change ☐ Addition  
NAME **Jacque Way**  
STREET ADDRESS **615 Robert Livingston St.**  
CITY-ST-ZIP **Orange Park, Fl. 32073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Yolie Feigenbaum**  
STREET ADDRESS **1132 Beach Avenue**  
CITY-ST-ZIP **Atlantic Beach, Fl. 32233**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Kathy Faryon**  
STREET ADDRESS **14019 Beach Blvd. Lot#1120**  
CITY-ST-ZIP **Jacksonville, Fl. 32250**

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.*  
**Joseph H. Sasser, Sr.**

**1/18/05**

**(904) 247-1442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #