

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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**



01082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WAY, JACQUE
615 ROBERT LIVINGSTON ST
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FEIGENBAUM, YOLIE
1132 BEACH AVENUE
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARYON, KATHY
14019 BEACH BLVD LOT # 1120
JACKSONVILLE, FL 32250**

000000382394
01/12/06-80009-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 **(904)241-9279**

Date

Daytime Phone #