2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N00000002187

Entity Name: THE CHURCH OF THE HOLY TRINITY (ANGLICAN), INCORPORATED

Current Principal Place of Business:

1020 FLORIDA BOULEVARD
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

1020 FLORIDA BOULEVARD
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3636511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SASSER, JOSEPH H SR
1020 FLORIDA BOULEVARD
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SASSER, JOSEPH H SR
Address: 1020 FLORIDA BOULEVARD
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D ( ) Delete
Name: HART, CORNELIA
Address: 410 SEAGATE AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D ( ) Delete
Name: ADAMS, ROBERT C
Address: 390 GLENDINING ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: JACQUE, ADAMS
Address: 390 GLENDINING ROAD
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ADAMS D 01/26/2009

Electronic Signature of Signing Officer or Director — Date