

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90334 006 \*\*\*\*61.25

**DOCUMENT # N00000002290**

1. Entity Name

HOLY TRINITY FOUNDATION, INC.



Principal Place of Business

905 W MADISON STREET  
STARKE FL 32091

Mailing Address

905 W MADISON STREET  
STARKE FL 32091

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

31-1703841

Applied For

Not Applicable

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

ANTIPORDA, GLORIOSA R M.D.  
905 W. MADISON STREET  
STARKE FL 32091

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 PTC  
NAME ANTIPORDA, GLORIOSA R ☐ Delete  
STREET ADDRESS 5947 CR 352  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE S  
NAME MAX LEGGETT ☒ Change ☐ Addition  
STREET ADDRESS 15251 YELLOW BLUFF RD  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE VT  
NAME DELEON, JASON A ☐ Delete  
STREET ADDRESS 5947 CR 352  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE T  
NAME JOSE DEVERA, JR. ☒ Change ☐ Addition  
STREET ADDRESS 1079 WINDLIFT LN.  
CITY-ST-ZIP JACKSONVILLE, FL 32233

TITLE ST  
NAME CERDAN, FELICIDAD ☒ Delete  
STREET ADDRESS 1009 N THOMPSON  
CITY-ST-ZIP STARKE FL 32091

TITLE D  
NAME DAWN BURNEX, M.D. ☐ Change ☒ Addition  
STREET ADDRESS 14122 CRYSTAL COVE DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE I  
NAME ANTOQUE, MOONYEEN R ☒ Delete  
STREET ADDRESS 905 W MADISON ST  
CITY-ST-ZIP STARKE FL 32091

TITLE D  
NAME BONIFACIO PADOLINA, MD ☐ Change ☐ Addition  
STREET ADDRESS 298 DEVONSHIRE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MIRASOL ALCALDE ☐ Change ☐ Addition  
STREET ADDRESS 8300 BOB-O-LINK DR.  
CITY-ST-ZIP WEST PALM BCH, FL 33410

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIOSA R. ANTIPORDA, MD

4/24/04 904-744-7300