
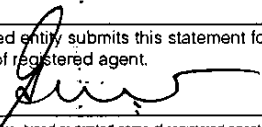
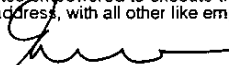


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90147 046 \*\*\*\*61.25

<b>DOCUMENT # N00000002290</b> 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 <b>31-1703841</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
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 <b>ANTIPORDA, GLORIOSA R. M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>PRESIDENT</b> <b>4505 MISTY DAWN CT. S.</b> City <b>JACKSONVILLE</b> FL <b>32277</b>	
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  <span style="float: right;">4/14/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEGGETT, MAX 15251 YELLOW BLUFF RD. JACKSONVILLE FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LEGGETT, MAX 15251 YELLOW BLUFF RD JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVERA, JOSE JR 1079 WINDRIFT LN JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVERA, JOSE JR. 1079 WINDRIFT LN JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNEY, DAWN MD 14122 CRYSTAL COVE DRIVE JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNEY, DAWN MD. 726 GINA DR. JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADOLINA, BONIFACIO MD 298 DEVON SHIRE LANE ORANGE PARK FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCALDE, MIRASOL 8300 BOB-O-LINK DRIVE WEST PALM BEACH FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCALDE, MIRASOL 8422 IRONHORSE CT. West Palm Bch, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLORIOSA R. ANTIPORDA 4505 MISTY DAWN CT. S JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASON A. DELEON 5947 CR 352 KEYSTONE HGTS FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					