2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# N00000002290

Entity Name: HOLY TRINITY FOUNDATION, INC.

Current Principal Place of Business:

8225 NORMANDY BLVD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

8225 NORMANDY BLVD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 31-1703841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTIPORDA, GLORIOSA R M.D.
4505 MISTY DAWN CT S
JACKSONVILLE, FL 32277 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: ST ( ) Delete
Name: LEGGETT, MAX
Address: 15251 YELLOW BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D ( ) Delete
Name: DEVERA, JOSE JR
Address: 1079 WINDRIFT LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: BURNEY, DAWN MD
Address: 726 GINA DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: PADOLINA, BONIFACIO MD
Address: 298 DEVON SHIRE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: ALCALDE, MIRASOL
Address: 8422 IRONHORSE CT
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D ( ) Delete
Name: DELEON, JASON
Address: 5947 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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:

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 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: GLORIOSA R. ANTIPORDA, M.D. PRES 04/14/2007

Electronic Signature of Signing Officer or Director — Date