

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002290

1. Entity Name
HOLY TRINITY FOUNDATION, INC.



Principal Place of Business
8225 NORMANDY BLVD
JACKSONVILLE, FL 32221

Mailing Address
8225 NORMANDY BLVD
JACKSONVILLE, FL 32221

FILED
2008 MAY -5 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142008 No Chg-NP CR2E037 (4/06)

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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

ANTIPORDA, GLORIOSA R M.D.
4505 MISTY DAWN CT S
JACKSONVILLE, FL 32277

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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)

3/18/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LEGGETT, MAX
STREET ADDRESS	15251 YELLOW BLUFF RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	DEVERA, JOSE JR
STREET ADDRESS	1079 WINDRIFT LN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	BURNEY, DAWN MD
STREET ADDRESS	726 GINA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	PADOLINA, BONIFACIO MD
STREET ADDRESS	298 DEVON SHIRE LANE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	ALCALDE, MIRASOL
STREET ADDRESS	8422 IRONHORSE CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	D
NAME	DELEON, JASON
STREET ADDRESS	5947 CR 352
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656

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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:

GLORIOSA ANTIPORDA 3/18/08 904-378-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #