2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002290

FILED Apr 08, 2010 Secretary of State

Entity Name: HOLY TRINITY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8225 NORMANDY BLVD JACKSONVILLE, FL 32221

Current Mailing Address: New Mailing Address:

8225 NORMANDY BLVD JACKSONVILLE, FL 32221

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTIPORDA, GLORIOSA R M.D.

4505 MISTY DAWN CT S

ANTIPORDA, GLORIOSA R M.D.

5947 CR 352

JACKSONVILLE, FL 32277 US KEYSTONE HEIGHTS, FL 32656 US

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: 04/08/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST

Name: UMBAUGH, ELAINE
Address: 3828 SOUTHAMPTON DR..
City-St-Zip: MIDDLEBURG, FL 32068

Title: D

 Name:
 CHARLEY, LASKEY

 Address:
 930 KINGSLEY AVE

 City-St-Zip:
 ORANGE PARK, FL 32073

Title:

Name: BURNEY, DAWN MD Address: 726 GINA DR

City-St-Zip: JACKSONVILLE, FL 32208

Title:

Name: PADOLINA, BONIFACIO MD Address: 298 DEVON SHIRE LANE City-St-Zip: ORANGE PARK, FL 32073

Title:

Name: JACKSON, HELEN

Address: 8008 WHISPER LAKE LANE E City-St-Zip: PONTE VEDRA, FL 32082

Title: [

Name: DELEON, JASON
Address: 4225 SW 69TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: GLORIOSA ANTIPORDA RA 04/08/2010