

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90082 016 \*\*\*\*61.25

<b>DOCUMENT # N04000002285</b>					
<b>1. Entity Name</b> HOLY TRINITY EVANGELICAL EPISCOPAL CHURCH, INC.					
<b>Principal Place of Business</b> 8100 PINE FOREST RD WALNUT HILL, FL 32568			<b>Mailing Address</b> 8100 PINE FOREST RD WALNUT HILL, FL 32568		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0889706	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BAKER, MILLEDGE L 8100 PINE FOREST RD WALNUT HILL, FL 32568			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> BAKER, MILLEDGE L		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 8100 PINE FOREST RD	<b>CITY-ST-ZIP</b> WALNUT HILL, FL 32568		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<b>NAME</b> TRAVIS, CHARLES T DR		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 11152 OAK RIDGE DR S	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> STD	<b>NAME</b> OAKES, ANGELA BAKER		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 607 MCRAE ST APT H8	<b>CITY-ST-ZIP</b> ATMORE, AL 36502		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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>					
<b>SIGNATURE: MILLEDGE L. BAKER</b> <i>[Signature]</i>					
<b>01/22/2005 850-327-4258</b>					

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01062005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0889706

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

BAKER, MILLEDGE L  
8100 PINE FOREST RD  
WALNUT HILL, FL 32568

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 renewing)

Filing Fee is \$61.25  
Due by May 1, 2005

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 PD  
NAME BAKER, MILLEDGE L  
STREET ADDRESS 8100 PINE FOREST RD  
CITY-ST-ZIP WALNUT HILL, FL 32568

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE VD  
NAME TRAVIS, CHARLES T DR  
STREET ADDRESS 11152 OAK RIDGE DR S  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE STD  
NAME OAKES, ANGELA BAKER  
STREET ADDRESS 607 MCRAE ST APT H8  
CITY-ST-ZIP ATMORE, AL 36502

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_

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SIGNATURE: MILLEDGE L. BAKER *[Signature]* 01/22/2005 850-327-4258