

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010708

FILED
Jan 10, 2008
Secretary of State

Entity Name: THE HOLY TRINITY FUND, INC.

Current Principal Place of Business:

4635 S DEL PRADO BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4635 S DEL PRADO BLVD
CAPE CORAL, FL 33904

New Mailing Address:

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

Name and Address of Current Registered Agent:

GENNARO, MICHAEL A
4635 S DEL PRADO BLVD
CAPE CORAL, FL 33904 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: PSD () Delete
Name: MONACO, WALTER
Address: AUSTEG 6 66862 KINDSBACH
City-St-Zip: GERMANY,

Title: D () Delete
Name: MORAS, JEROME
Address: KARMELITSKA 9 11800 PRAHA 1
City-St-Zip: CZEZH REPUBLIC,

Title: D () Delete
Name: KUPLINSKI, LEONARD
Address: STAUCHWIESEN 14
City-St-Zip: KAISERSKAUTERN, GY 67659

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:

I hereby certify that the information supplied with this filing does not qualify 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: WALTER MONACO

PSD

01/10/2008

Electronic Signature of Signing Officer or Director

_____ Date