2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008754

FILED Apr 27, 2009 Secretary of State

Entity Name: HOLY TRINITY ANGLICAN CHURCH OF NASSAU COUNTY, INC.

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

2828 PARK SQUARE PLACE EAST 1830 LAKE PARK DRIVE

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

P.O. BOX 15455

FERNANDINA BEACH, FL 32035

FEI Number: 20-5412421 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:

NEWMAN, LEWIS S 2828 PARK SQUARE PLACE EAST FERNANDINA BEACH, FL 32034 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 NEWMAN, LEWIS S
 Name:

 Address:
 2828 PARK SQUARE PLACE EAST
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 32034
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

Name: PARISH, TRUEMAN Name: ROBINSON, JAMES C

Address: 5465 FLORENCE POINT DRIVE Address: 9511 HILDRETH LANE

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/T () Delete Title: S/T (X) Change () Addition

Name:CLARK, JORETTAName:CLARK, JORETTA GAddress:663 MARSH HEN LANEAddress:96443 MARSH HEN ROADCity-St-Zip:FERNANDINA BEACH, FL 32034City-St-Zip:FERNANDINA BEACH, FL 32034

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: LEWIS S. NEWMAN P 04/27/2009