

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 704956

**Entity Name:** HOLY TRINITY EPISCOPAL ACADEMY, INC.

**Current Principal Place of Business:**

5625 HOLY TRINITY DRIVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

5625 HOLY TRINITY DRIVE  
MELBOURNE, FL 32940

**FEI Number:** 59-0823947

**Certificate of Status Desired:** No

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

COBB, KATHERINE DR.  
5625 HOLY TRINITY DRIVE  
MELBOURNE, FL 32940 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:** KATHERINE COBB

10/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name RECTOR, DREW  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title VC  
Name SHAH, SUMMIT  
Address 2902 BELLWIND CIRCLE  
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER  
Name MORTON, JUSTIN  
Address 6610 STILL POINT DR  
City-State-Zip: MELBOURNE FL 32950

Title CHAIRMAN  
Name GANIBAN, GARY, DR.  
Address 9900 S. TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

Title CFO  
Name DURRETT, MICHELLE  
Address 5625 HOLY TRINITY DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title PRESIDENT  
Name COBB, KATHERINE DR.  
Address 5625 HOLY TRINITY DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title PAST CHAIRPERSON  
Name KILBORNE, DANA  
Address 7115 S TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** KATHERINE COBB

PRESIDENT

10/11/2018

Electronic Signature of Signing Officer/Director Detail

Date