

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722353

Entity Name: HOLY TRINITY EPISCOPAL CHURCH OF WEST PALM BEACH, INC.**FILED**
Jan 27, 2022
Secretary of State
2256615722CC**Current Principal Place of Business:**211 TRINITY PLACE
WEST PALM BEACH, FL 33401-6132**Current Mailing Address:**211 TRINITY PLACE
WEST PALM BEACH, FL 33401-6132 US**FEI Number: 59-0766983****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRANTHAM, KIRK P
1410 GEORGIA AVE
WEST PALM BEACH, FL 33401 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**Officer/Director Detail :**

Title	TREASURER
Name	WALTON, BETH
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401-6132

Title	C
Name	GRANTHAM, KIRK
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DJW
Name	JETTE, KAI LI
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401-6132

Title	CLERK
Name	JETTE, KAI LI
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401-6132

Title	SR WARDEN
Name	HAINES, DAVID
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401-6132

Title	ASST TREASURER
Name	WALKER, THOMAS
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401-6132

Title	PASTOR
Name	HEIJMEN, RUTGER-JAN
Address	211 TRINITY PLACE
City-State-Zip:	WEST PALM BEACH FL 33401-6132

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: RUTGER-JAN HEIJMEN**PASTOR****01/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date