Entity Name: HOLY TRINITY EPISCOPAL SCHOOL OF GAINESVILLE, INC				Secretary of State 6280295192CC	
Current Pri 301 N. MAIN S GAINESVILLE,			020	029519266	
Current Mai	iling Address:				
301 N. MAIN GAINESVILI	N STREET LE, FL 32601 US				
			Certificate of Status	Desired: No	
Name and A	Address of Current Registered Agent:				
ADAM LEE LAV 4735 NW 53RE SUITE A GAINESVILLE,) AVE				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the Stat		
The above name	d entity submits this statement for the purpose of changing its regis E: _ADAM J. LEE	stered office or regis	tered agent, or both, in the Stat	02/14/2023	
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the Stat		
The above name SIGNATURI	d entity submits this statement for the purpose of changing its regis E: _ADAM J. LEE	stered office or regis	tered agent, or both, in the Stat	02/14/2023	
The above name SIGNATURI	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the Stat	02/14/2023	
The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent Pettor Detail :			02/14/2023	
The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent Ctor Detail : PD	Title	SD	02/14/2023	
The above name SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent PD BESHORE, ANN	Title Name Address	SD PIERSON, ANN	02/14/2023 Date	
The above name SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent Ctor Detail : PD BESHORE, ANN 3610 NW 18TH PLACE	Title Name Address	SD PIERSON, ANN 1831 NW 10TH AVE	02/14/2023 Date	
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent Ctor Detail : PD BESHORE, ANN 3610 NW 18TH PLACE GAINESVILLE FL 32605	Title Name Address	SD PIERSON, ANN 1831 NW 10TH AVE	02/14/2023 Date	
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regis E: ADAM J. LEE Electronic Signature of Registered Agent Ctor Detail : PD BESHORE, ANN 3610 NW 18TH PLACE GAINESVILLE FL 32605 HEAD OF SCHOOL	Title Name Address	SD PIERSON, ANN 1831 NW 10TH AVE	02/14/2023 Date	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730480

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: JASON HILL

HEAD OF SCHOOL

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 14, 2023 Secretary of State 6280295192CC