

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739609

FILED
Jul 25, 2005
Secretary of State

Entity Name: ST. CHAD'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

5609 NORTH ALBANY
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5609 NORTH ALBANY
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-1761610 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIVERA, MIKE
5609 N ALBANY AVE
TAMPA, FL 33603 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: T () Delete
Name: HUMBERT, MARTHA J
Address: 7918 WOODGROVE CIRCLE
City-St-Zip: TAMPA, FL 336152043

Title: D () Delete
Name: RIVERA, MIKE
Address: 2211 S VALRICO RD
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: HARPER, BART
Address: 6211 N. HALE AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: DRAKE, MARILYN
Address: 4717 BAY VISTA AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: WHITE, DIXIE
Address: 1428 W. YUKON ST
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: BUSS, GARY J
Address: 5113 N LINCOLN AVE
City-St-Zip: TAMPA, FL 33614

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:

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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTIAN VILLAGOMEZA

REV.

07/25/2005

Electronic Signature of Signing Officer or Director

Date