2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 17, 2004 8:00 am
Secretary of State
04-21-2004 90043 013 ****61.25

DOCUMENT # 739879

1. Entity Name
ST. MARY'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business	Mailing Address
4311 SAN MIGUEL TAMPA, FL 33629	4311 SAN MIGUEL TAMPA, FL 33629

66422449

03152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0766994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORD, ROY J JR, ESQ 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENARD, JOHN 803 E WASHINGTON TAMPA, FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, PAUL 2113 S CORTEZ ST TAMPA, FL 336295420	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLAR, LEA 3212 W CHAPIN AVE TAMPA, FL 33611-2704 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYNARD, ~~JACK~~ JOHN C. 5311 BAYSHORE BLVD. TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VALAES, MATT 4522 WEST BROCKWOOD DRIVE TAMPA, FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRUETT, DENIS 2305 S ULA LN TAMPA, FL 33629-5542 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCLEAN, REV. W.D. III P.O. BOX 15709 SARASOTA, FL 342771709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIGG, JACKIE 4831 WEST SAN JOSE STREET TAMPA, FL 33629	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWICKEY, DINAH 3818 W EL PRADO BLVD TAMPA, FL 33629-8613 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W McLean 4/19/04 456-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #