2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90024 011 ****61.25

DOCUMENT # 768078

1. Entity Name

ST. JAMES EPISCOPAL CHURCH OF ORMOND BEACH, INC.

Principal Place of Business	Mailing Address
44 S. HALIFAX DR. ~~44 S. HALIFAX DR.~~ ORMOND BEACH FL 32176-3515	44 S. HALIFAX DR. ~~44 S. HALIFAX DR.~~ ORMOND BEACH FL 32176-3515

MOORE CR2E037 (11/03)

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 59-0900994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATHIS, HORACE F
86 DIANNE DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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

FILE NOW: 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	SWD BYRD, BRYANT 370 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIDT, THOMAS 220 LEMON TREE LANE #3 ORMOND BEACH, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD KRAUSS, THOMAS 1965 HENDERSON ROAD ORMOND BEACH FL 32174-4811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LECKIE, JACK 23 MARABELLA CT. PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVENPORT, EDWARD 108 HORSESHOE TRAIL ORMOND BEACH FL 32174-5983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, BILL 3100 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ISHERWOOD, GUILDFORD 74 OAK IN THE WOOD PORT ORANGE FL 32129-6974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANAKARIS, GEORGIA 44 SOUTH HALIFAX DRIVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATHIS, HORACE 86 DIANNE DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, J.B. 58 COQUINA RIDGE WAY ORMOND BEACH, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, PAMELA 1113 ATHLONE WAY ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRIGNANI, LOUIS 996 GRASSY RIDGE PORT ORANGE, FL 32127	☐ 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: _____ HORACE F. MATHIS 1/27/04 386-677-0872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #