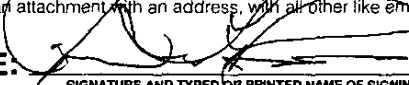


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 44 S. HALIFAX DR. 44 S. HALIFAX DR. ORMOND BEACH FL 32176-3515			Mailing Address 44 S. HALIFAX DR. 44 S. HALIFAX DR. ORMOND BEACH FL 32176-3515		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0900994	
Zip		Country		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 NIARABELLA 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 Date: 1/27/04 Daytime Phone #: 386-677-0872		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					