# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2005**
**Secretary of State**

DOCUMENT# 768078

**Entity Name:** ST. JAMES EPISCOPAL CHURCH OF ORMOND BEACH, INC.

**Current Principal Place of Business:**

44 S. HALIFAX DR.
ORMOND BEACH, FL 321763515

**New Principal Place of Business:**

44 S. HALIFAX DR.
ORMOND BEACH, FL 321766515

**Current Mailing Address:**

44 S. HALIFAX DR.
ORMOND BEACH, FL 321763515

**New Mailing Address:**

44 S. HALIFAX DR.
ORMOND BEACH, FL 321766515

**FEI Number: 59-0900994** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATHIS, HORACE F
86 DIANNE DRIVE
ORMOND BEACH, FL 32176 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: D ( ) Delete
Name: SCHMIDT, THOMAS
Address: 220 LEMON TREE LANE # 3
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: LECKIE, JACK
Address: 23 MARHBELLA CT.
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: DEAN, BILL
Address: 3100 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: CANAKARIS, GEORGIA
Address: 44 SOUTH HALFAX DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete
Name: HALL, J.B.
Address: 58 COQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: PATRIGNANI, LOUIS
Address: 996 GRASSY RIDGE
City-St-Zip: PORT ORANGE, FL 32127

**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: JACK LECKIE D 03/04/2005
Electronic Signature of Signing Officer or Director — Date