

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 032 ****61.25

DOCUMENT # 768078 1. Entity Name ST. JAMES EPISCOPAL CHURCH OF ORMOND BEACH, INC.					
Principal Place of Business 44 S. HALIFAX DR. ORMOND BEACH, FL 32176-6515			Mailing Address 44 S. HALIFAX DR. ORMOND BEACH, FL 32176-6515		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0900994	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIBERT, STEPHEN C 41 CARRIAGE CREEK WAY ORMOND BEACH, FL 32174			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 <u><i>Stephen C. Seibert</i></u> Stephen Seibert 4/22/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 FRANCE, JANE 1323 OAK FOREST DR ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Leckie, John 23 Marbella Court Palm Coast FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, LINDA 19 CYPRESS HOLLOW LANE ORMOND BEACH, FL 32174	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBERT, STEPHEN C 41 CARRIAGE CREEK WAY ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, JOHN 220 NORTH BEACH ST ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNDAGE, DANIEL 3973 CREE DR ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, MIKE 48 PINE VALLEY CIRCLE ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Stephen C. Seibert</i></u> Stephen Seibert 4/22/08 386-677-0872 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					