2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768078

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

44 S. HALIFAX DR

ORMOND BEACH, FL 321766515

Current Mailing Address: 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: Name and Address of New Registered Agent:

SEIBERT, STEPHEN C JOHN S NORTON, JR, P.A 41 CARRÍAGE CREEK WAY 431 N GRANDVIEW AVENUE US ORMOND BEACH, FL 32174 US DAYTONA BEACH, FL 32118

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: JOHN S NORTON, JR, PRES 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FRANCE, JANE HOVEY, FRED Name: Name: 1323 OAK FOREST DR Address: 724 COBBLESTONE DRIVE Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition SEIBERT, STEPHEN C Name: SEIBERT, STEPHEN C Name: Address: 41 CARRIAGE CREEK WAY Address: 41 CARRIAGE CREEK WAY

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: D AS (X) Change () Addition NORTON, JOHN NORTON, JOHN S JR Name: Name:

220 NORTH BEACH ST Address: Address: 220 NORTH BEACH ST City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

() Delete Title: Title: (X) Change () Addition

BRUNDAGE, DANIEL Name: Name: BRADLEY, HOWARD 627 RIVERSIDE DRIVE Address: 3973 CREE DR Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete Title: (X) Change () Addition

STALEY, MIKE STALEY, MIKE Name: Name:

48 PINE VALLEY CIRCLE 48 PINE VALLEY CIRCLE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: () Change (X) Addition

WINTERMUTH. KENNETH Name: Name: Address: Address: 203 BLACK HICKORY ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN S NORTON, JR AS/D 04/30/2009