


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90004 035 \*\*\*\*61.25

**DOCUMENT # N01372**

1. Entity Name  
**ST. MARK'S EPISCOPAL CHURCH OF TAMPA, INC.**




Principal Place of Business  
**13312 CAIN RD  
 TAMPA, FL 33625-4004 US**

Mailing Address  
**13312 CAIN RD  
 TAMPA, FL 33625-4004 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2726279**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MIDDAUGH, ROBERT  
 12612 CLENDENNING DRIVE  
 TAMPA, FL 33624**

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | VD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | NEWTON, JOHN C III             |                                            |
| STREET ADDRESS | 13120 GREENGAGE LANE           |                                            |
| CITY-ST-ZIP    | TAMPA, FL 336121800            |                                            |
| TITLE          | SD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | MINSTERL, JAMES R              |                                            |
| STREET ADDRESS | 4408 CARROLLWOOD VILLAGE DRIVE |                                            |
| CITY-ST-ZIP    | TAMPA, FL 963-101              |                                            |
| TITLE          | TD                             | <input type="checkbox"/> Delete            |
| NAME           | DESMOND, JAMES M               |                                            |
| STREET ADDRESS | 11905 MANDERVILLE COURT        |                                            |
| CITY-ST-ZIP    | TAMPA, FL 33626                |                                            |
| TITLE          | D                              | <input checked="" type="checkbox"/> Delete |
| NAME           | FIELDER, EARLAND W             |                                            |
| STREET ADDRESS | 9117 BLAIROOR ROAD             |                                            |
| CITY-ST-ZIP    | TAMPA, FL 33635                |                                            |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | DELIUS, ROBERT D III           |                                            |
| STREET ADDRESS | 4104 SAND LAKE CT              |                                            |
| CITY-ST-ZIP    | TAMPA, FL 336241213            |                                            |
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | HENLEY, EDWARD J JR.           |                                            |
| STREET ADDRESS | 13335 CASEY ROAD               |                                            |
| CITY-ST-ZIP    | TAMPA, FL 33624                |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                                                                         |
|----------------|-----------------------|-----------------------------------------------------------------------------------------|
| TITLE          | VD                    | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JORDAN, JANET         |                                                                                         |
| STREET ADDRESS | 4904 MIRABELLA PL     |                                                                                         |
| CITY-ST-ZIP    | LUTZ, FL 33558-9069   |                                                                                         |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | KOCHER, KATIE         |                                                                                         |
| STREET ADDRESS | 18350 WAYNE RD        |                                                                                         |
| CITY-ST-ZIP    | ODESSA, FL 33556-4735 |                                                                                         |
| TITLE          | D                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           | AMRITT, KATHLEEN      |                                                                                         |
| STREET ADDRESS | 18219 BITTERN AVE.    |                                                                                         |
| CITY-ST-ZIP    | LUTZ, FL 33549-2734   |                                                                                         |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                       |                                                                                         |
| STREET ADDRESS |                       |                                                                                         |
| CITY-ST-ZIP    |                       |                                                                                         |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                       |                                                                                         |
| STREET ADDRESS |                       |                                                                                         |
| CITY-ST-ZIP    |                       |                                                                                         |

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:** *Edward J. Henley, Jr.* *Edward J. Henley, Jr.* 2/14/2007 813 962-3089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOCUMENT #NO1372

ADDITIONAL OFFICERS

ATTACHMENT

40022440

D

FROST, GREG

18702 CHOPIN DR.

LUTZ, FL 33558-2874

D

JAKOB, BOB

26125 GYPSY ROSE LN

WESLEY CHAPEL, FL 33544-5726

D

JENKINS, JEFF

2615 MERIDA LN.

TAMPA, FL 33618-1025

D

JOHNSON, GLENN

18308 WAYNE RD.

ODESSA, FL 33556-4735

D

PETRESKY, PHIL

6507 THOROUGHbred LOOP

ODESSA, FL 33556-1858

D

PYLE, KATHY

24467 PAINTER DR.

LAND O'LAKES, FL 34639-5461

D

SCHUTTE, DAVID

11931 DERBYSHIRE DR.

TAMPA, FL 33626-2646