

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01372

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

13312 CAIN RD
TAMPA, FL 336254004 US

New Principal Place of Business:

Current Mailing Address:

13312 CAIN RD
TAMPA, FL 336254004 US

New Mailing Address:

FEI Number: 59-2726279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDAUGH, ROBERT
12612 CLENDENNING DRIVE
TAMPA, FL 33624 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: VD () Delete
Name: SCHUTTE, DAVID
Address: 11931 DERBYSHIRE DR
City-St-Zip: TAMPA, FL 33626

Title: SD () Delete
Name: KOCHER, KATIE
Address: 18350 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: DESMOND, JAMES M
Address: 11905 MANDEVILLA COURT
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: JOHNSON, GLENN
Address: 18308 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: JENKINS, JEFF
Address: 2615 MERIDA LN
City-St-Zip: TAMPA, FL 33618

Title: PD () Delete
Name: HENLEY, EDWARD J JR.
Address: 404 PARK RIDGE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JENKINS, JEFF
Address: 2615 MERIDA LN
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change () Addition
Name: SZELSIOWSKI, TOM
Address: 4502 SOUTHBREEZE DR
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAKOB, BOB
Address: 26125 GYPSY ROSE LN
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D (X) Change () Addition
Name: AMRITT, KATHLEEN
Address: 18219 BITTERN AVE
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
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: EDWARD J. HENLEY JR.

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date