

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011185

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE CHURCH AT VILANO, INC.

Current Principal Place of Business:

120 MEADOW AVENUE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

121 MEADOW AVENUE
SAINT AUGUSTINE, FL 320842248 US

New Mailing Address:

FEI Number: 20-1884970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, JANE W
245 KINGSTON DRIVE
SAINT AUGUSTINE, FL 320841380 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: PD () Delete
Name: SCHLEGEL, SAMUEL N
Address: 131 BOBWHITE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 320866101

Title: VD (X) Delete
Name: GRANT, FRANCIS R
Address: 4336 COASTAL HIGHWAY
City-St-Zip: SAINT AUGUSTINE, FL 320841302

Title: SD (X) Delete
Name: CONNER, CATHY J
Address: 206 11TH
City-St-Zip: SAINT AUGUSTINE, FL 320846359

Title: TD () Delete
Name: SCOTT, JILL E
Address: 237 KINGSTON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320841378

Title: D () Delete
Name: TURNER, JANE W
Address: 245 KINGSTON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320841370

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: SD (X) Change () Addition
Name: TURNER, JANE W
Address: 245 KINGSTON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320841370

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: SAMUEL N. SCHLEGEL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date