


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N19235
1. Entity Name
ST. MARY EPISCOPAL CHURCH OF BELLEVIEW,
FLORIDA, INC.



Principal Place of Business Mailing Address
5750 SE 115 ST P.O. BOX 2373
BELLEVIEW, FL 34420 US BELLEVIEW, FL 34421 US



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2774044 Not Applicable

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

6. Name and Address of Current Registered Agent
NUNEZ, TIM REV
10481 SE 68TH COURT
BELLEVIEW, FL 34420

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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, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARPENTER, NEIL
STREET ADDRESS	12453 SE 61 CT
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	SD
NAME	GILBERT, LESLIE
STREET ADDRESS	6022 SE 122ND PLACE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	TD
NAME	QUINNELL, BOB
STREET ADDRESS	386 S.E. FISHER WAY
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

010000383909
01/13/06-80021-005 61.25

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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: Leslie A. Gilbert Leslie A. Gilbert 1/11/06 (352) 347-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #