


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 5750 SE 115 ST BELLEVIEW, FL 34420 US	Mailing Address P.O. BOX 2373 BELLEVIEW, FL 34421 US
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2774044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, TIM REV  
 10481 SE 68TH COURT  
 BELLEVIEW, FL 34420

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

000000777493  
 01/10/08-80010-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUGENSTIEN, ED 12615 SE 90TH TERRACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, LESLIE 6022 SE 122ND PLACE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINNELL, BOB 386 S.E. FISHER WAY OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 P. Gilbert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/08* (352)347-6422  
 Date Daytime Phone #