

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2004  
Secretary of State**

DOCUMENT# N41919

Entity Name: ALL SOULS EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

14640 N CLEVELAND AVE  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

14640 N CLEVELAND AVE  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

FEI Number: 65-0151247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, JIM  
950 MOODY RD UNIT 119  
N FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

EVANS, V. CREIGHTON JR  
1226 SW 1ST AVENUE  
CAPE CORAL, FL 33991 US

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: V. CREIGHTON EVANS, JR.      03/11/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JOHNSON, JIM  
Address: 950 MOODY RD UNIT 119  
City-St-Zip: N FORT MYERS, FL 33903

Title: D      ( ) Delete  
Name: JAMISON, ANDREW  
Address: 16150 BAY POINT BLVD B-102  
City-St-Zip: N FORT MYERS, FL 33917

Title: D      ( ) Delete  
Name: SMITH, SANDY  
Address: 1448 CHARLES ROAD  
City-St-Zip: FORT MYERS, FL 33919

Title: S      ( ) Delete  
Name: JAMISON, JUNE  
Address: 16150 BAY PONT BLVD B-102  
City-St-Zip: N FORT MYERS, FL 33917

Title: D      ( ) Delete  
Name: EVANS, CREIGHTON REV  
Address: 126 SW 1ST AVENUE  
City-St-Zip: CAPE CORAL, FL 33991

Title: T      ( ) Delete  
Name: KELLY, BARBARA M  
Address: 5341 SW 9TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: CRAFT, JAMES D  
Address: 2113 N.E. 14TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA M KELLY      T      03/11/2004  
Electronic Signature of Signing Officer or Director      Date