

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
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:

EVANS, V. CREIGHTON JR
1226 SW 1ST AVENUE
CAPE CORAL, FL 33991 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: D () Delete
Name: SWIFT, RONALD
Address: 404 NE 9TH STREET
City-St-Zip: CAPE CORAL, FL 33909

Title: S () Delete
Name: CAROL, WALKER
Address: 6786 WOLF RUN LANE
City-St-Zip: N FORT MYERS, FL 33917

Title: D () Delete
Name: PHILLIPS, ROBERT J
Address: 2220 CANTON AVE
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: SCOTT, RICHARD B
Address: 213 CAPTAINS WALK
City-St-Zip: N FT 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PATRICE, SWIFT
Address: 404 NE 9TH STREET
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:

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: BARBARA M KELLY

TREA

01/28/2009

Electronic Signature of Signing Officer or Director

Date