2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004569

Entity Name: ST. MONICA'S EPISCOPAL CHURCH, INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	KALEE RD L 341198845	US					
Current Mailing Address:				New Mailing Address:			
7070 IMMO NAPLES, F	KALEE RD L 341198845	US					
FEI Number:	65-0295252	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable()	Certificate of Status Desi	ired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SCHILLREFF, KATHRYN M REV. 7070 IMMOKALA ROAD NAPLES, FL 34119 US				SCHILLREFF, KATHRYN M REV. 7070 IMMOKALEE ROAD NAPLES, FL 34119 US			
The above in the State		ubmits this statement for the p	urpose o	f changing i	ts registered of	fice or registered agen	it, or both,
SIGNATURE:				03/17/2009			
	Electroni	c Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND D	IRECTORS:
Title:	D ()	Delete		Title:	()	Change () Addition	
Name: Address:	BODINSKI, BON 3225 5TH AVEN			Name: Address:			
City-St-Zip:	NAPLES, FL 34			City-St-Zip:			
Title:	D ()	Delete		Title:	()	Change () Addition	
Name:	BAKER, SUE			Name:	()		
Address:	5781 GOLDEN C			Address:			
City-St-Zip:	NAPLES, FL 34	119		City-St-Zip:			
Title:	D ()	Delete		Title:	()	Change () Addition	
Name:	SMITH, BETSY			Name:			
Address:	8598 IBIS COVE			Address:			
City-St-Zip:	NAPLES, FL 34	119		City-St-Zip:			
Title:	D ()	Delete		Title:	D (X)	Change () Addition	
Name:	MCCAMPBELL,			Name:	METCALFE, BA		
Address:	1880 CRESTVIE			Address:	3755 WHIDBEY		
City-St-Zip:	NAPLES, FL 34	119		City-St-Zip:	NAPLES, FL 34	1119	
Title:		Delete		Title:	()	Change () Addition	
Name:	DEARBORN, PA			Name:			
Address:	1418 KING SAG NAPLES, FL 34			Address:			
City-St-Zip:	INAFLES, FL 34	1110		City-St-Zip:			
Title:	D ()	Delete		Title:	D (X)	Change () Addition	
Name:	MISENER, CHRI			Name:	KILMON, SANDI		
Address:	4652 RIO POCC			Address:	3404 DONOSO		
City-St-Zip:	NAPLES, FL 34	108		City-St-Zip:	NAPLES, FL 34	109	

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: BETSY SMITH D 03/17/2009