| I hereby 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 all other like empowered. |

SIGNATURE: MICHAEL BOOHER

I

CHIEF FINANCIAL OFFICER

03/04/2024

FILED Mar 04, 2024 Secretary of State 9639205212CC

Certificate of Status Desired: No

DOCUMENT# 735969 Entity Name: THE EPISCOPAL CHURCH OF ST. BEDE, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2500 - 16TH STREET NORTH ST. PETERSBURG, FL 33704

Current Mailing Address:

8005 25TH ST. EAST PARRISH. FL 34219 US

FEI Number: 59-0830736

Name and Address of Current Registered Agent:

BOOHER, MICHAEL W 8005 25TH ST. EAST PARRISH, FL 34219 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 | E: MICHAEL BOOHER | | | 03/04/2024 | |
|---------------------------|--|-----------------|-------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | TREASURER | Title | DIRECTOR, JR. WARDEN | | |
| Name | SPRAGUE, PAUL J | Name | WALKER, DONALD B | | |
| Address | 3535 WOODRIDGE PLACE | Address | 721 26TH AVE NO | | |
| City-State-Zip: | PALM HARBOR FL 34684 | City-State-Zip: | ST. PETERSBURG FL 33704 | | |
| Title | PRESIDENT | Title | DIRECTOR | | |
| Name | SCHARF, DOUGLAS F. RT. REV. | Name | NORMAN, RICHARD H REV. | | |
| Address | 8005 25TH ST. EAST | Address | 8005 25TH ST. EAST | | |
| City-State-Zip: | PARRISH FL 34219 | City-State-Zip: | PARRISH FL 34219 | | |
| Title | CFO | | | | |
| Name | BOOHER, MICHAEL W | | | | |
| Address | 8005 25TH ST. EAST | | | | |
| City-State-Zip: | PARRISH FL 34219 | | | | |
| | | | | | |

Electronic Signature of Signing Officer/Director Detail

Date