

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004569

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

**Current Principal Place of Business:**

7070 IMMOKALEE RD  
NAPLES, FL 34119-8845

**Current Mailing Address:**

7070 IMMOKALEE RD  
NAPLES, FL 34119-8845 US

**FEI Number:** 65-0295252

**Certificate of Status Desired:** No

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

SCHILLREFF, KATHRYN MREV.  
7070 IMMOKALEE ROAD  
NAPLES, FL 34119 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ROSS, JANET  
Address        2250 MALIBU LAKES CIR #134  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR  
Name           DEVLIN, MATTHEW  
Address        7175 MALIBU LAKES CIR  
City-State-Zip: NAPLES FL 34119

Title           DIRECTOR  
Name           SHREWSBURY, FRANK  
Address        13140 HAMILTON HARBOUR DR #F2  
City-State-Zip: NAPLES FL 34110

Title           DIRECTOR, DIRECTOR  
Name           DUCATMAN, JILL  
Address        3137 TERRAMAR DRIVE  
City-State-Zip: NAPLES FL 34119

*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:** JANET ROSS

**TREASURER**

**02/19/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date