## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90076 019 \*\*\*\*61.25

AIN	MOAL REPORT	
DOCUMENT # 7003  1. Entity Name ST. WILFRED'S EPISCOP		
Principal Place of Business	Mailing Address	

MAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE NAME SCHWARTZ, PAT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232  TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE NAME STREET ADDRESS STREET AD	1. Entity Name ST. WILFRED'S EPISCOPAL CHURCH, INC.											
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1042005   Chg.NP   CR2E037 (10/03)   Chy & State   Cily & State   4. FEI Number   59-0995361   Nat Applied For   59-0995361   State   Desired   State	3773 WILKINSON RD 3773 WILKINSON RD											
City & State  City & State  City & State  City & State  Country  C	2. Principal Pl	lace of Business	3. Maili	ng Address								
Special Country   Zip   Country   Zip   Country   Special Countr	· Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.				01042005 C	Chg-NP	CR2E03	37 (10/03)	
S. Certificate to Status Desires   Fee Required   F	City & State	9	City	/ & State /					61		<u> </u>	•
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zìp	Country	Zip		Cou	ntry				<u> </u>	Fee Required	
STREET ADDRESS  TITLE  SUMPLET STREET ADDRESS  STREET ADDRESS  SARASOTA, FL 34233  STREET ADDRESS  STREET ADDRESS  SARASOTA, FL 34233  STREET ADDRESS  STREET		6. Name and Address of Current	Registere	d Agent				7. Name and Ad	dress of New R	egistered /	Agent .	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	KELLY IA	MESE	_			Name						
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyead or printed registered agent and 1991 applicable.   INDTE: Registered Agent signature required when reinstature)   DATE	3773 WILKINSON RD				Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE    Signature, typed or protect reamer of registered agent and lited 4 epoticiable.   (AOTE Registered Agent expeature required when normalizing)   DATE						City				FL	Zip Code	<del>)</del>
Signature, Spead or princed rame of registered agent and tills of registered Agent substitute recurred when revisating)   DATE			or the purpo	ose of changing its	registere	d office or	r register	red agent, or both, i	n the State of Flo	orida. I am	familiar with,	and accept
Signature, Spead or princed rame of registered agent and tills of registered Agent substitute recurred when revisating)   DATE				٠.							, 0	
Trust Fund Contribution.    Added to Fees   Florida Department of State		Signature, typed or printed name of registered agen	t and title if appl	icable. (NOTE	: Registere	d Agent signat	ure required	I when reinstating)		DATE	<u> </u>	
TITLE SW BAILEY, VINSON 3749 COUNTRY RD. STREET ADDRESS 3749 C		7					43.00 May be					
STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE SARASOTA, FL 34233  TITLE NAME SCHWARTZ, PAT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232  TITLE Delete TITLE MAKE METZ, LAGRY STREET ADDRESS SARASOTA, FL 34233  TITLE MAKE CITY-ST-ZIP SARASOTA, FL 34233  TITLE SARASOTA, FL 34233  TITLE TITLE TITLE TITLE TITLE TITLE SARASOTA, FL 34233  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE TITLE SARASOTA, FL 34233  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE TITLE SARASOTA, FL 34233  TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233  TITLE SARASOTA, FL 34233  TITLE SARASOTA, FL 34233  TITLE SARASOTA SARA	10.	OFFICERS AND D	RECTORS		11.						RECTORS IN	10
ITILE SCHWARTZ, PAT STREET ADDRESS 1032 ALBRITTON AVE. STREET ADDRESS 1032 ALBRITTON AVE. STREET ADDRESS 1032 ALBRITTON AVE. SARASOTA, FL 34232 CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRES	NAME STREET ADDRESS	BAILEY, VINSON 3749 COUNTRY RD.		Delete .	NAM STRE	E Et addréss	58	16 Helia	SOU AF.		<b>⊘</b> Change	☐ Addition
TITLE D Delete TITLE	TITLE NAME STREET ADDRESS	S SCHWARTZ, PAT 1032 ALBRITTON AVE.		<b>□</b> Delete	NAM STRE	E ET ADDRESS	AN	01 6000	el Gate	, LN	Change	☐ Addition
INAME								<u> </u>	, FL D	424(	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP SARASOTA, FL 34233  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	METZ, LARRY 3802 WARREN RIDGE		_ Detecte	- NAM Stre	E Et adoress		3 . <del>***</del> ***		<b></b>		
TITLE         PD         Delete         TITLE         Change         Addition           NAME         KELLY, JAMES F         NAME         NAME         STREET ADDRESS         CITY-S1-ZIP         STREET ADDRESS         CITY-S1-ZIP         CITY-S1-ZIP         CITY-S1-ZIP         Change         Addition           VITLE         NAME         NAME <t< td=""><td>NAME STREET ADDRESS</td><td>CLARK, DANIELLE 4766 WATKINS AVE</td><td></td><td>☐ Detete</td><td>NAM STRE</td><td>e et adoress</td><td>,</td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></t<>	NAME STREET ADDRESS	CLARK, DANIELLE 4766 WATKINS AVE		☐ Detete	NAM STRE	e et adoress	,				☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS	KELLY, JAMES F 3773 WILKINSON RD		☐ Delete	NAM STRE	E Et address		: ;	,		☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME	SARASOTA, FL			TITL	E E .'-		1	<u> </u>	•	Change	Addition .
the control of the co	CITY-ST-ZIP	certify that the information supplied wi	th this filing	does not qualify for			ated in Se	ection 119.07(3)(i), i	Florida Statutes.	I further ce	rtify that the in	of director

plemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block with an address, with all other like empowered.

31-05

941-924 of the corporation or the rece changed, or on an attachmen

SIGNATURE:

DIRECTOR

2-1-05

941-924-7436 Daylime Phone #