2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

ANNOAL REPORT					Secretary of State			
DOCUMENT # 700319 1. Entity Name ST. Mill EDED'S EDISCOPAL CHURCH INC.						I-21-2008 9004		
ST. WILFRED'S EPISCOPAL CHURCH, INC.								
Principal Plac	e of Business	Mailing Address	•					
3773 WILKINSON RD SARASOTA, FL 34233		3773 WILKINSON RD SARASOTA, FL 34233						
		3.02.03.7,1.2.3.200				ANTON JANKI ATRIK ATAK MIRAK	SIRA BIBA BIBN 8189 618	INES ER INDI.
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
		· · ·			02072008 C	hg-NP CI	R2E037 (12/06)	
City & State		City & State			4. FEI Number 59-099536	31	——	plied For t Applicable
Zíp	tip Country Zip (Country		5. Certificate of S	tatus Desired	\$8.75 Add	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name Zimmerman, Douglas				
KELLY, JAMES F 3773 WILKINSON RD				Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34233								· · · · · · · · · · · · · · · · · · ·
			City	City FL Zip Code				
	named entity submits this statement	or the purpose of changing its	registered office o	r registere	d agent, or both, in	the State of Florida.	. I am familiar with,	and accept
the obligations of registered agent.								
SIGNATURE TON STORE REV. DOUG ZIMMERMAN, Pastor 4/14/08								
SIGNATURE	Signature, typedics printed name of registered age		: Registered Agent signat	ure required w	hen reinstating)		DATE	
	Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of Sta					
10.	· · OFFICERS AND D	IRECTORS	11.	AI	DITIONS/CHANG	SES TO OFFICERS A	ND DIRECTORS IN	
TITLE	sw	☐ Delete	TITLE					10
NAME	THOMPSON, BARBARA		NAME				☐ Change	10 Addition
STREET ADDRESS	5816 HELICON PLACE							
CITY-ST-ZIP			STREET ADDRESS					
TITLE NAME	SARASOTA, FL 34238	Пол	CITY-ST-ZIP	٦			☐ Change	Addition
POWE	S HAMILTON, ANGELA	□ Delete	2	S Hend	iricks, T			
STREET ADDRESS	s	☐ Delcte	CITY-ST-ZIP TITLE	S Hend 387	iricks, T	Ruth n Bivd	☐ Change	Addition
	S HAMILTON, ANGELA	☐ Delicte	CITY-ST-ZIP TITLE NAME	S Hend 387: Sara	iricks, T 8 Kingsto Isota FL	Ruth n Bivd . 3423B	□ Change	Addition
STREET ADDRESS	S HAMILTON, ANGELA- 0901 CORRAL GATE LANE SARASOTA, FL 34241 JW	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		ricks, To Kingsto Sota FL		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S HAMILTON, ANGELA 0901 CORRAL GATE LANE SARASOTA, FL 34241 JW JACKSON, RUSSELL		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	0.0	arroll, S	iusan	Change Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S HAMILTON, ANGELA 0901 CORRAL GATE LANE SARASOTA, FL 34241 JW JACKSON, RUSSELL 4313 CENTER POINTE LANE SARASOTA, FL 34233 T		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0.0 451 Sar	arroll, S B Falcon asota, F	iusan Ridge Dr. L 34233	Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S HAMILTON, ANGELA 0901 CORRAL GATE LANE SARASOTA, FL 34241 JW JACKSON, RUSSELL 4313 CENTER POINTE LANE SARASOTA, FL 34233 T GLARK, DANIELLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	0°C 451 Sar Bail	arroll, S B Falcon asota, F ey, Vinc	iusan Ridge Dr. L 34233 .e	Change Change Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S HAMILTON, ANGELA 0901 CORRAL GATE LANE SARASOTA, FL 34241 JW JACKSON, RUSSELL 4313 CENTER POINTE LANE SARASOTA, FL 34233 T GLARK, DANIELLE	☐ Delete☐ Delete☐ Delete☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	O'C 451 Sar Bail 374 Sar	arroll, S B Falcon asota, F ey, Vinc 19 Countr asota, F	iusan Ridge Dr. L 34233 .e yside Rd L 34233	Change Change Change	Addition Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STOP

4/14/08

941-924-7436

Daytime Phone #