

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700350

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5011 MCGREGOR BOULEVARD  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

5011 MCGREGOR BOULEVARD  
FT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 59-0973728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARVIN & TRIPP, P.A.  
2532 E. FIRST STREET  
FORT MYERS, FL 33901 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: UHRIG, LORI  
Address: 5242 SW 24TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914

Title: T ( ) Delete  
Name: WHITLEY, STEVEN  
Address: 15783 SILVERADO COURT SW  
City-St-Zip: FORT MYERS, FL 33908

Title: V/D ( ) Delete  
Name: GRIER, JIM  
Address: 10751 RAVENNA WAY  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: HENNAGIN, ROBERT  
Address: 5648 EICHEN CIRCLE W  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/D (X) Change ( ) Addition  
Name: UHRIG, LORI  
Address: 5242 SW 24TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

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: ROBERT HENNAGIN

P/D

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date