

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90047 017 ****61.25

DOCUMENT # 702133

1. Entity Name
ST. JOSEPH'S EPISCOPAL CHURCH



Principal Place of Business
**3300 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**

Mailing Address
**3300 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**

50055834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0862310

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZLATIC, MARTIN W REV
3300A SOUTH SEACREST BLVD.
BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent

Name **MICHAEL J McGOLY, CPA**

Street Address (P.O. Box Number is Not Acceptable)

639 EAST OCEAN AVENUE

SUITE # 101

City **BOYNTON BEACH**

FL

Zip Code
33435

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MICHAEL J McGOLY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/8/05

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **BENNER, STEPHEN**
STREET ADDRESS **1121 NW 10TH CT.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **D** ☐ Delete
NAME **LEES, BOB**
STREET ADDRESS **110 WOOD LANE**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **D** ☒ Delete
NAME **METZGER, CHRISTOPHER**
STREET ADDRESS **1734 DEL HAVEN DR.**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **T** ☐ Delete
NAME **O'SHEA, KEVIN**
STREET ADDRESS **4905 CLOCK RD.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **P** ☐ Delete
NAME **ZINN, ROBERT**
STREET ADDRESS **1688 FERN FOREST PLACE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☐ Delete
NAME **STAHL, HOLLY**
STREET ADDRESS **2020 SPANISH TRAIL**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Senior Warden)

7/13/05

Date

Daytime Phone #

732-3060