

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90323 042 ****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

50010183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0862310

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGORY, MICHAEL J CPA
639 EAST OCEAN AVENUE
SUITE #101
BOYNTON BEACH, FL 33435

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 **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**

TITLE **T** ☐ Delete
NAME **Hvide, J. Erik**
STREET ADDRESS **37 COUNTRY ROAD**
CITY-ST-ZIP **VILLAGE OF GOLF, FL 33436**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **WAGNER, PAUL**
STREET ADDRESS **6692 Waverly Lane**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **D** ☐ Change ☒ Addition
NAME **McDANIEL, HARRY**
STREET ADDRESS **244 Cardinal Lane**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **D** ☐ Change ☒ Addition
NAME **DANKS, LISA**
STREET ADDRESS **1002 Harbor Dr.**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **P** ☐ Change ☒ Addition
NAME **PAUL, DENNIS**
STREET ADDRESS **572 Country Club Dr.**
CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **D** ☐ Change ☒ Addition
NAME **BRADY, WANDA**
STREET ADDRESS **5400 Old Ocean Blvd #B-4**
CITY-ST-ZIP **Ocean Ridge, FL 33435**

TITLE **P** ☐ Change ☒ Addition
NAME **MURANTE, PATTI**
STREET ADDRESS **424 SW 17th Ct.**
CITY-ST-ZIP **Boynton Beach, FL 33435**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/3/06

Date

561/738,2156

Daytime Phone #