2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702338

FILED Mar 02, 2004 Secretary of State

Entity Name: ST. ALBAN'S EPISCOPAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: ST PETERSBURG BEACH, FL 33706 **Current Mailing Address: New Mailing Address:** 330 85TH AVE ST PETERSBURG BEACH, FL 33706 FEI Number: 59-0718486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDOWELL, JAMES L 11675 4TH STREET EAST TREASURE ISLAND, FL 33706 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCDOWELL, JAMES Name: Name: 11675 4TH STREET EAST Address: Address: City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SHORY, JOAN Name: Address: 5930 BAHIA HONDA WAY Address: City-St-Zip: ST PETE BEACH, FL 33706 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition MITCHUM, LARRY Name: STAFFORD, MILDRED Name: Address: 10206 TARPON DR Address: 272 HERMOSITA DR. City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: ST. PETE BEACH, FL 33706 Title: VD () Delete Title: () Change () Addition Name: NIRISCIN, SUSAN Name: Address: 120 9TH STREET E Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip: Title: () Delete Title: () Change () Addition GORDON, BETH Name: Name: 12050 6TH STREET E Address: Address: TREASURE ISLAND, FL 33706 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CONRAD, CAROL Name: Name: Address: 4780 BRITTANY DR S 11 Address: SAINT PETERSBURG, FL 337152607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETH GORDON S 03/02/2004