2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



Apr 30, 2004 8:00 am Secretary of State

FILED

1. Entity Nam	MENT # 703575 Y'S EPISCOPAL CHURCI	H IN STU	JART, FLORIDA	Α,					04-30	-2004	9037	1 002 ***	**61.25
Principal Place of Business 623 E OCEAN BLVD. STUART, FL 34994 US Mailing Address 623 E OCEAN BLVD STUART, FL 34994 US							r						
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2. Principal Place of Business 3. M			Mailing Address							EI			
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.				04212004 Chg-NP CR2E037 (10/03)						
City & State		c	City & State				4. FEI Numb 59-100		3		•		pplied For ot Applicable
Zip	o Country		Zip Cou		ntry	5. Certificate of Status Desired					\$8.75 Ad		
	6. Name and Address of Curre	nt Register	ed Agent				7. Name and	d Addr	ess of No	ew Regi	stered A	gent _	
THOMAS TRACY DITTENGER II					Name								
THOMAS TRACY PITTENGER II 623,E OCEAN BLVD. STUART, FL 34994					Street Add	dress (P	O. Box Numb	er is N	ot Accep	table)			
λ,													
					City FL Zip					Zip Cod	de		
	named entity submits this statemen ions of registered agent.	t for the purp	pose of changing its re	egistere	ed office or re	registere	d agent, or bo	oth, in t	he State	of Florid	a. iam i	amiliar with	, and accept
•	3												
SIGNATURE .													
0.0.4/10/12	Signature, typed or printed name of registered ag	ent and title if ap	plicable. (NOTE:	Registered	Agent signature	e required w	hen reinstating)			···	DATE	<u> </u>	
O'CHANTONE -		ent and title if ap	· · · · · · · · · · · · · · · · · · ·			-		_	•	Mak		navahle	<u> </u>
	Signature, typed or printed name of registered agreements Sensitive Filling Fee is \$61.25 Due by May 1, 2004	ent and title if ap	9. Election Camp Trust Fund Co	oaign Fi	inancing _		\$5.00 May ladded to Fees		•		e check	payable	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND		9. Election Camp Trust Fund Co	oaign Fi	inancing _		\$5.00 May I	· .		Florida	e check Depar	tment of S	itate
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12. I hereby certify that the information speplied with this illing 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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRI