2005 NOT-EOD-DDOELT CODDODATION

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ANNUAL REPORT	11011
DOCUMENT # 703575	6711

1. Entity Name ST. MARY'S EPISCOPAL CHURCH IN STUART, FLORIDA. INC. 50038535 Principal Place of Business Mailing Address 623 E OCEAN BLVD. 623 E OCEAN BLVD STUART, FL 34994 STUART, FL 34994 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04142005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-1005086 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS TRACY PITTENGER II Street Address (P.O. Box Number is Not Acceptable) 623 E OCEAN BLVD. STUART, FL 34994 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 Make check payable to 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete ☐ Change TITLE TITLE GOOFREY, JOHN É. 623 E. CLEAN BLVD. NAME ANTHONY, JAMES C NAME STREET ADDRESS 623 F OCEAN BLVD STREET ADORESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP STUART, FL 34994 PD ☐ Delete TITLE Change Addition TITLE PITTENGER, THOMAS T. II NAME NAME 623 E OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME SIMMONS; ELIZABETH NAME 623 E. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP STUART, FL 34994 TITLE ☐ Change ☐ Addition TITLE ☐ Delete TAIT, ROBB T NAME NAME 623 E. OCEAN BLVD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

James C. Anthony