
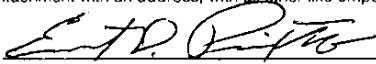


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 034 ****61.25

DOCUMENT # 703575					
1. Entity Name ST. MARY'S EPISCOPAL CHURCH IN STUART, FLORIDA, INC.					
Principal Place of Business 623 E OCEAN BLVD. STUART, FL 34994 US		Mailing Address 623 E OCEAN BLVD STUART, FL 34994 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1005086 <input type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
THOMAS TRACY PITTENGER II 623 E OCEAN BLVD. STUART, FL 34994			7.. Name and Address of New Registered Agent -		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Dmelians, Santiago	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY, JAMES C		NAME	623 E. Ocean Blvd.	
STREET ADDRESS	623 E OCEAN BLVD		STREET ADDRESS	Stuart, FL 34994	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DPeixotto, Ernest D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTENGER, THOMAS T. II		NAME	623 E. Ocean Blvd.	
STREET ADDRESS	623 E OCEAN BLVD		STREET ADDRESS	Stuart, FL 34994	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	D-	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, STEPHANIE A		NAME		
STREET ADDRESS	623 E. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT Gray, David F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DAVID F		NAME	623 E. Ocean Blvd.	
STREET ADDRESS	623 E. OCEAN BLVD.		STREET ADDRESS	Stuart, FL 34994	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Ernest D. Peixotto		4/21/08 772-287-3244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	