

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90002 012 ****61.25

DOCUMENT # 704696 1. Entity Name ST. FRANCIS EPISCOPAL CHURCH, INC.					
Principal Place of Business 313 GRACE ST. P.O. BOX 566 BUSHNELL, FL 33513			Mailing Address 313 GRACE ST. P.O. BOX 566 BUSHNELL, FL 33513		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6605753	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RACIAPPA, MARK 313 GRACE STREET BUSHNELL, FL 33513			Name Leo M. Johnson		
			Street Address (P.O. Box Number is Not Acceptable) 5762 C.R. 547		
			City Bushnell		
			FL Zip Code 33513		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 6-25-06	
Filing Fee is \$61.25 Due by September 6, 2006		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	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNTON, SHARRON		NAME		
STREET ADDRESS	5047 CR 575		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, PATRICIA A		NAME		
STREET ADDRESS	689 CR 467		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 335385715		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNGERT, ART		NAME		
STREET ADDRESS	1519 CR 542 EAST		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, HAROLD J		NAME		
STREET ADDRESS	689 C.R. 467		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, MARTIN REV		NAME		
STREET ADDRESS	1240 LAKE DORA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778		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:			Patricia Graves, Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date		
			Daytime Phone #		

(352) 793-3187

6/25/2006