

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704696

FILED
Jul 08, 2007
Secretary of State

Entity Name: ST. FRANCIS EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

313 GRACE ST.
P.O. BOX 566
BUSHNELL, FL 33513

New Principal Place of Business:

313 GRACE ST.
BUSHNELL, FL 33513

Current Mailing Address:

313 GRACE ST.
P.O. BOX 566
BUSHNELL, FL 33513

New Mailing Address:

P.O. BOX 566
BUSHNELL, FL 33513

FEI Number: 59-6605753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, LEO M
5762 CR 547
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

DUVAL, EDDIE
7289 W. HWY 48
BUSHNELL, FL 33513 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: EDDIE DUVAL

07/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: THORNTON, SHARRON
Address: 5047 CR 575
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: GRAVES, PATRICIA A
Address: 689 CR 467
City-St-Zip: LAKE PANASOFFKEE, FL 335385715

Title: D () Delete
Name: BUNGERT, ART
Address: 1519 CR 542 EAST
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: GRAVES, HAROLD J
Address: 689 C.R. 467
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: P () Delete
Name: CAMPBELL, MARTIN REV
Address: 1240 LAKE DORA DRIVE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THORNTON, SHARRON D
Address: 5047 COUNTY ROAD 575
City-St-Zip: BUSHNELL, FL 33513

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VAN HOOIJDONK, CARRIE
Address: 110 N. FLORIDA STREET
City-St-Zip: BUSHNELL, FL 33513

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARRON D. THORNTON

T

07/08/2007

Electronic Signature of Signing Officer or Director

Date