




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90010 041 \*\*\*\*61.25

<b>DOCUMENT # 705310</b> 1. Entity Name <b>ST. LUKE'S EPISCOPAL CHURCH OF COURTENAY, FLORIDA, INC.</b>					
Principal Place of Business <b>5555 NORTH TROPICAL TRAIL MERRITT ISLAND, FL 32953 US</b>			Mailing Address <b>P O BOX 541025 MERRITT ISLAND, FL 32954-1025 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>23-7385423</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, PETER F REV 5500 N TROPICAL TRAIL MERRITT ISLAND, FL 32953</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>Peter F. Roberts, President</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/20/2007 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW LAMBERT, MARCIA 320 MADISON AVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW McFarland, Tom 3115 Water Oak Dr. Merritt Island, FL 32953
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARTON, HARRY 315 RAQUETTE CT ORLANDO, FL 32853	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Campbell, Sean 5300 Lovett Drive Merritt Island, FL 32953
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LECLERC, ELAINE M 280 MIKADO DR MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garton, Harry 315 Raquette Court Merritt Island, FL 32953
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEITLER, PAM 505 INDIAN BAY BLVD MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Combs, Ingrid 475 Diana Blvd. Merritt Island, FL 32953
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASCIO, GAIL 3008 NORTH ROAD COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lent, Barbara 2775 Friday Lane Cocoa, FL 32926
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY, BARBARA 510 VENETIAN WAY MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boissonneault, Paul 1365 Cepheus Court Merritt Island, FL 32953
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: 		<b>Peter F. Roberts</b>		3/20/2007      321-452-5260 <small>Date                      Daytime Phone #</small>	

40043389



03132007    Chg-NP    CR2E037 (12/06)



## ATTACHMENT

40043389  
#705310

St. Luke's Episcopal Church

P.O. Box 541025

Merritt Island, FL 32954-1025

Phone: (321) 452-5260

Email : stlukes1@bellsouth.net

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FEI Number 23-7385423

D  
McFarland, Tom  
3115 Water Oak Drive  
Merritt Island, FL 32953

Change is shown in #11 on Page 1, now SW

D  
Woolard, Lynn  
971 S. Tropical Trail  
Merritt Island, FL 32952

X Delete

Note: Garton, Harry

Was VPD; change in # 11 to D

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