


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90002 016 \*\*\*\*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.  <b>Peter F. Roberts, President</b> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW MCFARLAND, TOM 3115 WATER OAK DR. MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simmons, Maureen 330 West Crisafulli Road Merritt Island, FL 32853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTON, HARRY 315 RAQUETTE CT ORLANDO, FL 32853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Virginia 1427 Bishop Road Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" 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 Williamson, Kit 2135 N. Courtenay Pkway. B-112 Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" 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	SW Zeitler, Pam address remains the same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASCIO, GAIL 3008 NORTH ROAD COCOA, FL 32926	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, SEAN 5300 LOVETT DR. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <i>Peter Roberts</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Peter F. Roberts</b>		<b>2/3/08</b> <small>Date</small>	<b>321-452-5260</b> <small>Daytime Phone #</small>



ATTACHMENT 40025511  
St. Luke's Episcopal Church

P.O. Box 541025

Merritt Island, FL 32954-1025

Phone: (321) 452-5260

Email : stlukes1@bellsouth.net

2008 Not For Profit Corporation Annual Report

Document # 705310 for St. Luke's Episcopal Church, FEI # 23-7385423

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No changes in these three members under # 10

D

Combs, Ingrid

475 Diana Blvd.

Merritt Island, FL 32953

D

Lent, Barbara

2775 Friday Road

Cocoa, FL 32926

D

Boissonneault, Paul

1365 Cepheus Court

Merritt Island, FL 32953