


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90014 015 \*\*\*\*61.25

<b>DOCUMENT # 710328</b> 1. Entity Name <b>ST. MARY'S EPISCOPAL CHURCH, INC.</b>					
Principal Place of Business 1010 24TH AVE W PALMETTO FL 34221		Mailing Address 1010 24TH AVE W PALMETTO FL 34221			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1430406</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DRUSKY, THOMAS</b> <b>9820 CAPE HAZE CIR</b> <b>PARRISH FL 34219</b>				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 <i>Thomas Drusky</i>			DATE <b>03/19/04</b>		
Signature, typed or printed name of registered agent and trust applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYLE, FAIR		NAME	Senev, Anthony	
STREET ADDRESS	3004 FIDDLERS BEND		STREET ADDRESS	502 - 7th Ave W.	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANASEK, CHESTER		NAME	Angulo, Charles B	
STREET ADDRESS	23 MEADOWLARK CIRCLE		STREET ADDRESS	2320 Terra Ceia Bay Circle, # 701	
CITY-ST-ZIP	ELLENTON FL 34222		CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRATTON, ANDREA		NAME	Borrowman, Sandy	
STREET ADDRESS	7102 36TH AVE E		STREET ADDRESS	203-29th St. W.	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	Bradenton FL 34205	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTE, WARREN		NAME	Mercurio, Timothy	
STREET ADDRESS	420 49TH ST E #165B		STREET ADDRESS	1219-22nd Ave W	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	Palmetto FL 34221	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYRE, DORINDA		NAME	Morehead, Catherine	
STREET ADDRESS	4361 POMPANO LN		STREET ADDRESS	11759 Laurel Oak Lane	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	Parrish, FL 34219	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, GAIL		NAME		
STREET ADDRESS	2203- 6TH ST W		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Dorinda Sayre, Secretary</i>			DATE: <b>03/19/2004</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <b>941-722-5292</b>		