2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #710328

FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90123 036 ****61.25

1. Entity Nam ST. MAR		COPAL CHURCH	, INC.									
1010 24TH AVE W 1010			1010	ing Address 10 24TH AVE W LMETTO, FL 34221				· · · · · · · · · · · · · · · · · · ·			9615	
2. Principal P	Place of Busin	ess	3. Mailir	g Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02232005	Chg-NP	CR2E	(037 (10/03)		
City & State			City & State					4. FEI Number 59-143				pplied For ot Applicable
Zip		Country	Zip		Cou	intry			of Status Desire		\$8.75 Ad Fee Require	
- 	6. Name	and Address of Current	Hegistered	Agent		Name		∞/.:Name and	Address of Ne	w Registere	a Agent	
DRUSKY, 9820 CAP PARRISH,	E HAZE C						ddress (P.O. Box Numb	er is Not Accepta	able)		
						City				F	Zip Cod	de
	tions of regist	y submits this statement fered agent. Or printed name of registered agent)res	ku				red agent, or bo	th, in the State of		m familiar with	
Filing Fee Is \$61.25 Due by May 1, 2005												
•				Election Can Trust Fund C				\$5.00 May & Added to Fees			ck payable artment of S	
10.	Due by N		IRECTORS	Trust Fund C	Contributi	ion.		Added to Fees		iorida Dep	DIRECTORS II	N 10
TITLE	Due by N	OFFICERS AND D	IRECTORS		20ntributi 11.	ion.	т.	Added to Fees	IANGES TO OFF	iorida Dep	artment of S	itate .
TITLE NAME	Due by N D LYLE, FAI	OFFICERS AND D	IRECTORS	Trust Fund C	11. TITLE	ion.	T.	Added to Fees ADDITIONS/CH	IANGES TO OFF	iorida Dep	DIRECTORS If	N 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by N D LYLE, FAI 3004 FIDE PALMETT D BANASEH 23 MEAD	OFFICERS AND D OFFICERS AND D OFFICERS BEND OFFI	IRECTORS	Trust Fund C	11. TITLE NAME STREE TITLE NAME STREE STREE STREE STREE	E E E E E E E E E E E E E E E E E E E	T. CHA 232 Pal D BOF 203	Added to Fees ADDITIONS/CHARLES B. O TERRA Metto, I	ANGULO CEIA BAY FL 34221 SANDY	TORIDA DEP	DIRECTORS IF Change #701	State: N 10 Addition
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I nereby certify that the information supplied with this filling does not quality 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.

DIRECTOR

941-722-5292