


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90123 036 ****61.25

DOCUMENT # 710328

1. Entity Name
ST. MARY'S EPISCOPAL CHURCH, INC.



Principal Place of Business
 1010 24TH AVE W
 PALMETTO, FL 34221

Mailing Address
 1010 24TH AVE W
 PALMETTO, FL 34221

50029615



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02232005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1430406

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

DRUSKY, THOMAS
 9820 CAPE HAZE CIR
 PARRISH, FL 34219

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 *Thomas F. Drusky* **3-4-05**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYLE, FAIR 3004 FIDDLERS BEND PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CHARLES B. ANGULO 2320 TERRA CEIA BAY BLVD. #701 Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANASEK, CHESTER 23 MEADOWLARK CIRCLE ELLENTON, FL 34222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROWMAN, SANDY 203 29th STREET, W. Bradenton, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENCEY, ANTHONY 502 7TH AVE W PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS DUNKELBERGER 4506 PINFISH LANE PALMETTO, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITTE, WARREN 420 49TH ST E #165B PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID HUNNINGS 5320 53rd AVE. E. #Q-27 BRADENTON, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAYRE, DORINDA 4361 POMPANO LN PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOTHY MERCURIO 1219 22nd AVE W PALMETTO, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLEY, GAIL 2203- 6TH ST W PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNNE ROGERS 340 S. ORCHID ELLENTON, FL 34222 <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 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 *Thomas F. Drusky* **3-4-05** **941-722-5292**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #