2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent-

04172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1430406 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUNKELBERGER, DOUGLAS 4506PINFISH LANE PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

			III TIIIO OLAGE				
	named entity submite this statement for the purpose of ions of registered agest. Signature, typed or printed geme of registered agent and title if applicable	changing its registered office or . (NOTE: Registered Agent signer.		in the State of Florida. I am familiar with, 4 23/07. DATE	and accept		
		oction Campaign Financing list Fund Contribution.	\$5.00 May Be Added to Fees	*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS T WRIGHT, JAMES R 2321 15TH STREET WEST PALMETTO, FL 34221			; ' ' ' '	÷		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROWMAN, SANDY 203 29TH STREET W BRADENTON, FL 34205	. ,	ŧ	ÜU00000735201 05/10/07-80024-01;	1 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMING, JOHN W 608 61ST STREET EAST PALMETTO, FL 34221		DO I	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTLE, EDITH 2205 5TH STREET WEST PALMETTO, FL 34221		IN T	HIS SPACE	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAYRE, DORINDA 4361 POMPANO LN PALMETTO, FL 34221			* * * * * * * * * * * * * * * * * * *			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRIEDRICKS, MICHELE 5005 13TH STREET WEST PALMETTO, FL 34221	19-11-11-11-11-11-11-11-11-11-11-11-11-1					
	ertify that the information supplied with this filing does on this report or supplemental report is true and accurr						

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.

Tresurer

H/22/07 (94)723-9