

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1430406				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNKELBERGER, DOUGLAS 4506PINFISH LANE PALMETTO, FL 34221			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 <u>Douglas Dunkelberger</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			<div style="text-align: right;"> 04/16/2008 <small>DATE</small> </div>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T WRIGHT, JAMES R 2321 15TH STREET WEST PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gagne, Roland 7415 Morningside Dr. S. Ellenton, FL 34222
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROWMAN, SANDY 203 29TH STREET W BRADENTON, FL 34205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MacDonald, Geraldine 3610 Adelia Dr. Parrish, FL 34219
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMING, JOHN W 608 61ST STREET EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pierson, Eilene 2320 Terra Ceia Blvd. #207 Palmetto, FL 34221
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTLE, EDITH 2205 5TH STREET WEST PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tankersley, Michele 1514 4th Street, West Palmetto, FL
				<input type="checkbox"/> Change <input 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 Tankersley, Michele 1514 4th Street, West Palmetto, FL 34221
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Name (Married)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDRICKS, MICHELE 5005 13TH STREET WEST PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James R. Wright <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 04/16/2008 <small>Date</small> </div>		
			<div style="text-align: right;"> 941 722-5292 <small>Daytime Phone #</small> </div>		