

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90101 043 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1430406**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DRUSKY, THOMAS
9820 CAPE HAZE CIR
PARRISH FL 34219**

7. Name and Address of New Registered Agent

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 Drusky

Signature, typed or printed name of registered agent and title if applicable.

Thomas Drusky

(NOTE: Registered Agent signature required when re-stating)

03/07/03

DATE

FILE NOW: FEE IS \$61.25

9. 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

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	D BANASEK, CHESTER 23 MEADOWLARK CIRCLE ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATTON, ANDREA 7102 36TH AVE E PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITTE, WARREN 420 49TH ST E #165B PALMETTO FL 34221	<input type="checkbox"/> Delete
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 LANGLEY, GAIL 2203- 6TH ST W PALMETTO FL 34221	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seney, Anthony PO Box 1768 Palmetto, FL 34220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCaughan, Denise 531 40th St. W Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mercurio, Timothy 1219 22nd Ave. W. Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morehead, Catherine 3006 95th Dr. E. Parrish, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Dorinda Sayre **SIGNATURE REQUIRED**

03/07/03 941-722-5292

CR2E037 (10/02)