

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90205 032 ****61.25

60035233



DOCUMENT # 714483 1. Entity Name ST. VINCENT'S EPISCOPAL CHURCH					
Principal Place of Business 5441 - NINTH AVENUE NORTH SAINT PETERSBURG, FL 33710			Mailing Address P. O. BOX 49325 SAINT PETERSBURG, FL 33743-9325 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-0878414				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 JOHNSON, CLAYTON C. 4824 16 AVENUE NO. ST. PETERSBURG, FL 33713			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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	D WATSON, ROBERT F <input type="checkbox"/> Delete 7312 8TH AVE N SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIDSON, CHARLES A <input checked="" type="checkbox"/> Delete 5441 NINTH AVENUE NORTH SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rucksdashel, Neil <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7716 Dartmouth Avenue North St. Petersburg, FL 33710	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DERRY, ROBERT <input checked="" type="checkbox"/> Delete 7430 SUNSHINE SKYWAY LANE SO. #504 ST. PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Saxer, Melinda <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 633 39th Avenue North St. Petersburg, FL 33703	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> 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: <u>Clayton C. Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/26/08</u> (727) 321-9246 <small>Date Daytime Phone #</small>		

ATTACHMENT 60035293

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Document Number 714483
Business Entity Name ST. VINCENT'S EPISCOPAL CHURCH
FEI Number 590878414
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 5441 - NINTH AVENUE NORTH
City, State SAINT PETERSBURG, FL
Zip Code & Country 33710

Mailing Address

Address P. O. BOX 49325
City, State SAINT PETERSBURG, FL
Zip Code & Country 337439325 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) JOHNSON, CLAYTON , C
Address 4824 16TH AVENUE NORTH
City, State ST. PETERSBURG, FL
Zip Code & Country 33713 US
Registered Agent Signature CLAYTON C. JOHNSON

Officer/Director Name And Address

Name And Address #1

Title D
Name (Last, First, Middle, Title) WATSON, ROBERT , F
Street Address 7312 8TH AVE N
City, State SAINT PETERSBURG, FL
Zip Code & Country 33710 US

Name And Address #2

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#714483

Title D
Name (Last, First, Middle, Title) RUCKSDASHEL, NEIL
Street Address 7716 DARTMOUTH AVENUE NORTH
City, State SAINT PETERSBURG, FL
Zip Code & Country 33710 US

Name And Address #3

Title D
Name (Last, First, Middle, Title) SAXER, MELINDA
Street Address 633 39TH AVENUE NORTH
City, State ST. PETERSBURG, FL
Zip Code & Country 33703 US

Title T
Officer/Director Signature CLAYTON C. JOHNSON

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