

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90033 008 ****61.25

DOCUMENT # 714982

1. Entity Name

SAINT CHRISTOPHER EPISCOPAL CHURCH, INC.



Principal Place of Business

1063 N HAVERHILL RD
WEST PALM BEACH FL 33417

Mailing Address

1063 N HAVERHILL RD
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1466024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES, CANNON REV
1063 N. HAVERHILL RD.
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name Rev. D. Sutcliffe

Street Address (P.O. Box Number is Not Acceptable)

1063 N. Haverhill Road,

City West Palm Beach

FL

Zip Code 33417

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	☒ Delete
NAME	BLASH, TIM	
STREET ADDRESS	155 JOG RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	PD	☒ Delete
NAME	CANNON, CHARLES	
STREET ADDRESS	14536 LARKPSUR LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	S	☒ Delete
NAME	THORNTON, LAURA	
STREET ADDRESS	3640 ARLIA CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	T	☐ Delete
NAME	CLELAND, CHAUNCEY	
STREET ADDRESS	960 WOODLAND AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	Martin R. White	
STREET ADDRESS	1958 Sherwood Forest Blvd	
CITY-ST-ZIP	West Palm Beach 33415	
TITLE	S	☒ Change ☐ Addition
NAME	John Evans	
STREET ADDRESS	3526 Whitehall Dr. #403	
CITY-ST-ZIP	West Palm Beach FL. 33401	
TITLE	T	☐ Change ☒ Addition
NAME	Idalia Adams	
STREET ADDRESS	4579 Vangor Ave #18	
CITY-ST-ZIP	West Palm Beach FL. 33417	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #