2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 721197

Entity Name: SAINT NATHANIEL'S EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

4200 S. BISCAYNE DRIVE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

4200 S. BISCAYNE DRIVE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-1762162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARD, ELLA
7849 FRANIZINO AVE
NORTH PORT, FL 34281 US

Name and Address of New Registered Agent:

RICHARD, ELLA
7849 FRANIZINO AVE
NORTH PORT, FL 34291 US

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.

SIGNATURE: _____ 04/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POWERS, PATRICIA A
Address: 9426 HAWKS NEST LANE
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: KRALLE, CATHERINE P
Address: 9486 HAWKS NEST LANE
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete
Name: WILSON, AARON
Address: 17235 URBAN AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete
Name: COX, CHARLES B
Address: 3407 N. SALFORD BLVD.
City-St-Zip: NORTH PORT, FL 34286

Title: RT ( ) Delete
Name: MEREDITH, PAUL
Address: 4286 FAIRWAY DR
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SW (X) Change ( ) Addition
Name: SMITH, MARY
Address: 15 NAUTICAL DR
City-St-Zip: NORTH PORT, FL 34287

Title: JW (X) Change ( ) Addition
Name: HAUGH, WILLIAM
Address: 2631 TOMASO RD
City-St-Zip: NORTH PORT, FL 34287

Title: AT (X) Change ( ) Addition
Name: COX, CHARLES B
Address: 3407 N. SALFORD BLVD.
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLA RICHARD T 04/02/2009
Electronic Signature of Signing Officer or Director — Date