2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# 727805

Entity Name: ST. CUTHBERT'S CHURCH, INC.

Current Principal Place of Business:

214 MARTIN LUTHER KING BLVD.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

214 MARTIN LUTHER KING BLVD.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 23-7272408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'BRIEN, FR. CRAIG E
1325 CARDINAL LANE
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	BETHEL, DENNIS	
Address:	1740 NE 2ND LANE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	DS	( ) Delete
Name:	BETHEL, GALE	
Address:	1740 NE 2ND LANE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	D	( ) Delete
Name:	MAJOR, LEWANCE	
Address:	P O BOX 2822	
City-St-Zip:	DELRAY BEACH, FL 33447	
Title:	DT	( ) Delete
Name:	SMITH, BARBARA	
Address:	417 NW 7TH AVENUE	
City-St-Zip:	BOYNTON BEACH, FL	
Title:	D	( ) Delete
Name:	HANNA, SAMUEL	
Address:	580 SNAPPER WAY	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	D	( ) Delete
Name:	THOMPSON, KEITH	
Address:	211 MLK BLVD.	
City-St-Zip:	BOYNTON BEACH, FL 33435	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BARBARA T. SMITH T 04/24/2008
Electronic Signature of Signing Officer or Director — Date