

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728761

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: SAINT EDWARDS EPISCOPAL CHURCH

**Current Principal Place of Business:**

460 N GRANDVIEW ST  
MT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

460 N GRANDVIEW ST  
MT DORA, FL 32757 US

**New Mailing Address:**

FEI Number: 59-1021915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POTTER, DEL G. A  
308 E FIFTH AVENUE  
MOUNT DORA, FL 32757 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: TD ( ) Delete  
Name: WOODSON, MARTHA  
Address: 312 JUNIPER WAY  
City-St-Zip: TAVARES, FL 32778

Title: VD ( ) Delete  
Name: MORGAN, SANDRA  
Address: 1535 W. HEIN RD  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: JOHNSON, WILLIAM  
Address: 415 FOREST RD  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD ( ) Delete  
Name: DELIBRO, CAREY  
Address: 3640 LAKE ELANOR DR  
City-St-Zip: MOUNT DORA, FL 32757

Title: PD ( ) Delete  
Name: MAURAI, ROBERT I REV  
Address: 175 GROVELAND ROAD  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: LASHAR, RUTH  
Address: 1051 S. HIGHLAND ST. #2A  
City-St-Zip: MOUNT DORA, FL 32757

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

Title: SD (X) Change ( ) Addition  
Name: DELIBRO, CAREY  
Address: 3640 LAKE ELEANOR DR  
City-St-Zip: MOUNT DORA, FL 32757

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: CAREY ANNE DELIBRO

SD

02/26/2009

Electronic Signature of Signing Officer or Director

Date