

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