
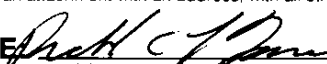


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 042 ****61.25

| | | | | | |
|--|--|---|--|---|-----------------|
| DOCUMENT # 730823 1. Entity Name ALL SAINTS' EPISCOPAL CHURCH | | | |  | |
| Principal Place of Business 2303 N.E. SEAVIEW DR. JENSEN BEACH, FL 34957 | | | Mailing Address 2303 N.E. SEAVIEW DR. JENSEN BEACH, FL 34957 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-1359596 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LAQUERRE, RICHARD 2303 NE SEAVIEW DR JENSEN BEACH, FL 34957 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAQUERRE, RICHARD 2308 NE SEAVIEW DR JENSEN BEACH, FL 34957 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KAREN PHILLIPS SMITH 10410 S. OCEAN DR., #603 JENSEN BEACH, FL 34957 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STUBER, OSCAR 2092 SE PYRAMID RD. PORT ST. LUCIE, FL 34952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY SHARON SCOTT ELL 2995 S.E. DUNE DR. STUART, FL 34996 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PALACIO, JORGE 140 SE DWIGHT AVE. PORT ST. LUCIE, FL 34983 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER WILLIAM R. SMITH 10410 S. OCEAN DR., #603 JENSEN BEACH, FL 34957 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  | | | RICHARD LAQUERRE | | 772-334-0610 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |