## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730823** 

Entity Name: ALL SAINTS' EPISCOPAL CHURCH

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2303 N.E. SEAVIEW DR.

JENSEN BEACH, FL 34957

2303 NE SEAVIEW DRIVE
JENSEN BEACH, FL 34957

US

Current Mailing Address: New Mailing Address:

2303 N.E. SEAVIEW DR.

JENSEN BEACH, FL 34957

2303 NE SEAVIEW DRIVE
JENSEN BEACH, FL 34957

US

FEI Number: 59-1359596 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LAQUERRE, RICHARD

2303 NE SEAVIEW DR

JENSEN BEACH, FL 34957 US

ELL, DOUGLAS W
2995 SE DUNE DRIVE
STUART, FL 34996 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: DOUGLAS W. ELL 02/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 ( X) Change ( ) Addition

 Name:
 LAQUERRE, RICHARD
 Name:
 SMITH, KAREN PHILLIPS

 Address:
 2308 NE SEAVIEW DR
 Address:
 2308 NE SEAVIEW DRIVE

 City-St-Zip:
 JENSEN BEACH, FL 34957 US
 City-St-Zip:
 JENSEN BEACH, FL 34957 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: PHILLIPS SMITH, KAREN Name: ELL, DOUGLAS W

Address: 10410 S OCEAN DR 603 Address: 2995 SE DUNE DRIVE
City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: STUART, FL 34996 US

 Name:
 SCOTT ELL, SHARON
 Name:
 GALLANT, LUCILLE

 Address:
 2995 SE DUNE DR
 Address:
 2567 SW PONTIAC PLACE

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34997 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: SMITH, WILLIAM R Name: SMITH, WILLIAM R

Address: 10410 S OCEAN DR 603 Address: 10009 S INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: FORT PIERCE, FL 34982 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: MCCOY, MIKE

Address: Address: 444 SW KESTOR DRIVE
City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: MIKE MCCOY D 02/17/2009