


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 010 ****61.25

DOCUMENT # 730992			
1. Entity Name ST. THOMAS EPISCOPAL CHURCH			
Principal Place of Business 317 S MARY ST. EUSTIS, FL 32726 US		Mailing Address 317 S. MARY STREET EUTTIS, FL 32726 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03222004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0951532			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOELLEN, PATRICIA 1725 HAMILTON ST EUSTIS, FL 32726		Name Lisa Labud	
		Street Address (P.O. Box Number is Not Acceptable)	
		28097 S.E. Cty. Hwy. 42	
		City Umatilla	Zip Code FL 32784
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.			
SIGNATURE <u>Lisa Labud</u>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
		Lisa Labud / Administrator 3/29/04	
DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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	DP <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUISTION, PAUL	NAME	Bonnie McGonigal
STREET ADDRESS	3418 MANATEE DRIVE	STREET ADDRESS	31814 Tropical Shores Dr.
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	Tavares, FL 32778
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRACE, BERT	NAME	RICK KIEFER
STREET ADDRESS	35126 HAINES CREEK RD	STREET ADDRESS	16221 Wilson Parrish Rd.
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	Umatilla, FL 32784
TITLE	DVP <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLEN, LEN	NAME	John Jacobs
STREET ADDRESS	13900 YALE HAMMOCK RD	STREET ADDRESS	1406 Chesterfield Court
CITY-ST-ZIP	UMATILLA, FL 32784	CITY-ST-ZIP	Eustis, FL 32726
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, GAIL	NAME	
STREET ADDRESS	16535 ORANGE AVE	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 32784	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARJORIE	NAME	
STREET ADDRESS	533 HAWLEY STREET	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John R. Jacobs</u>		Date 3-29-04 (352)357-4358	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	