


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90066 027 ****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 EUSTIS	
Zip	Country	Zip	Country

50010024



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0951532		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LABUD, LISA 28097 SE CITY HWY. 42 UMATILLA FL 32784		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCGONIGAL, BONNIE			NAME	TOM KEATON		
STREET ADDRESS	31814 TROPICAL SHORES DR.			STREET ADDRESS	322 LAURA LANE		
CITY-ST-ZIP	TAVARES FL 32778			CITY-ST-ZIP	MT. DORA, FL 32757		
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIEFER, RICK			NAME	GAIL CARLSON		
STREET ADDRESS	16221 WILSON PARRISH RD.			STREET ADDRESS	16535 ORANGE AVE.		
CITY-ST-ZIP	UMATILLA FL 32784			CITY-ST-ZIP	UMATILLA, FL 32784		
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLEN, LEN			NAME			
STREET ADDRESS	13900 YALE HAMMOCK RD			STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, JOHN			NAME			
STREET ADDRESS	1406 CHESTERFIELD COURT			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726			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:  DATE: 1-24-05 DAYTIME PHONE #: (352) 357-4358