

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90023 049 ****70.00

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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
EUSTIS FL 32726
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-0951532

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABUD, LISA
28097 SE CITY HWY. 42
UMATILLA FL 32784

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

Lisa Labud

Lisa Labud Administrator

2/28/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DVP ☒ Delete
NAME KAISER, ROBERT
STREET ADDRESS 1380 SKYLINE DR
CITY-ST-ZIP TAVARES FL 32778

TITLE DVP ☒ Delete
NAME LASHAR, RUTH
STREET ADDRESS 1051 S. HIGHLANDS ST. APT 2A
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE P ☐ Delete
NAME JACOBS, JOHN
STREET ADDRESS 1406 CHESTERFIELD COURT
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ Delete
NAME CARTER, MARJORIE
STREET ADDRESS 533 HAWLEY STREET
CITY-ST-ZIP EUSTIS FL

TITLE S ☐ Delete
NAME IKELER, KAY
STREET ADDRESS P.O. BOX 1850
CITY-ST-ZIP EUSTIS FL 32727

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Change ☒ Addition
NAME CLARK, LISA
STREET ADDRESS 32546 GERE LANE
CITY-ST-ZIP SORRENTO, FL 32776

TITLE DVP ☐ Change ☒ Addition
NAME FILKINS, NEIL
STREET ADDRESS 1205 CHESTERFIELD COURT
CITY-ST-ZIP EUSTIS, FL 32726

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☒ Change ☐ Addition
NAME IKELER, KAY
STREET ADDRESS 2009 ABRAMS ROAD
CITY-ST-ZIP EUSTIS, FL 32726

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-08 (352) 357-4358