

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730992

FILED
Feb 12, 2009
Secretary of State

Entity Name: ST. THOMAS EPISCOPAL CHURCH

Current Principal Place of Business:

317 S MARY ST.
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

317 S. MARY STREET
EUSTIS, FL 32726 US

New Mailing Address:

317 S MARY ST.
EUSTIS, FL 32726 US

FEI Number: 59-0951532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CLARK, LISA
Address: 32546 GERE LANE
City-St-Zip: SORRENTO, FL 32776

Title: DVP () Delete
Name: FILKINS, NEIL
Address: 1205 CHESTERFIELD COURT
City-St-Zip: EUSTIS, FL 32726

Title: P () Delete
Name: JACOBS, JOHN
Address: 1406 CHESTERFIELD COURT
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: CARTER, MARJORIE
Address: 533 HAWLEY STREET
City-St-Zip: EUSTIS, FL

Title: DVP () Delete
Name: IKELER, KAY
Address: 2009 ABRAMS RD
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: FILKINS, GEORGE NEIL
Address: 1205 CHESTERFIELD COURT
City-St-Zip: EUSTIS, FL 32726

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CARTER, MARJORIE
Address: 1333 ELIZABETH CIRCLE
City-St-Zip: EUSTIS, FL 32726

Title: DVP (X) Change () Addition
Name: NOLAN, PETER
Address: 586 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

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: JOHN JACOBS

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date