

# 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