

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

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90060 004 \*\*\*\*70.00

**DOCUMENT # 732350**  
 1. Entity Name  
**ST. CATHERINE'S EPISCOPAL CHURCH, INC.**



Principal Place of Business Mailing Address  
 502 DRUID HILLS RD. 502 DRUID HILLS RD.  
 TEMPLE TERRACE FL 33617-0853 TEMPLE TERRACE FL 33617-0853

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66021223



1st MOORE CR2E037 (10/04)

4. FEI Number **59-6509496** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 QUIRE; KIMBERLY-D TREASUR  
 16512 FORESTLAKE DR  
 TAMPA FL 33624

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 registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: QUIRE, KIMBERLY D STREET ADDRESS: 16512 FORESTLAKE DR CITY-ST-ZIP: TAMPA FL 33624	<input type="checkbox"/> Delete	D NAME: Diana Gruppiso STREET ADDRESS: 15964 Benton Ct CITY-ST-ZIP: Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: NORRIS, DAVID STREET ADDRESS: 11303 LINBANKS PLACE CITY-ST-ZIP: TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: GUERARD, MARK STREET ADDRESS: 305 LAKE NELL COURT CITY-ST-ZIP: LUTZ FL 33549	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kimberly D. Quire* **Kimberly D. Quire** Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6/1/05 Daytime Phone #: 813-985-4961