

2001 UNIFORM BUSINESS REPORT (UBR)

3/1
3/

FILED
Apr 19, 2001 8:00 am
Secretary of State

03-06-2001 90344 030 ****61.25

DOCUMENT # **738515**

1. Entity Name

ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.

Principal Place of Business 7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956	Mailing Address 7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956
--	--



DO NOT WRITE IN THIS SPACE

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

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-1760883	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

**COMFORT, C. ALEXANDER REV.
7771 STRINGFELLOW RD NW
ST JAMES CITY FL 33956**

7. Name and Address of New Registered Agent

Name: **COBBS, RICHARD H. REV.**
Street Address (P.O. Box Number is Not Acceptable): **3552 RITA LANE**
City: **ST JAMES CITY FL** Zip Code: **33956**

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.

SIGNATURE *Richard H. Cobbs* **3/16/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renesting) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALCHER, JUNE PO BOX 389 ST JAMES CITY FL 33956 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO SPIEGEL, CHARLES 2498 CHERIMOYA LN ST JAMES CITY FL 33956 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIGLEY, JOSEPH 2657 8TH AVE SAINT JAMES CITY FL 33956 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRELLI, ARTHUR 2355 BANANA ST SAINT JAMES CITY FL 33956 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISPI, MAXINE 11854 ROYAL TEE CIR CAPE CORAL FL 33991 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISKE, JOSEPH 7418 GRANDE PINE RD BOKEELIA FL 33922 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTARIE, MICHAEL P.O. BOX 2211 PINELAND, FL 33945 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, JOSEPH 1471 BOKEELIA RD BOKEELIA, FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALCHER, JUNE PO BOX 389 ST JAMES CITY FL 33956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO BORRELLI, ARTHUR 2355 BANANA ST ST. JAMES CITY FL 33956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAY, ANN MARIE EMERALD COVE DR (1817) CAPE CORAL FL 33991 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RISKE, JOSEPH 7418 GRANDE PINE RD BOKEELIA FL 33922 <input checked="" 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)(f), 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, without other fee empowered.

SIGNATURE: *Joseph C. Crispi* + *Joseph C. Crispi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/11/01** Daytime Phone: **8**

CREOST (10/00)