

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90093 027 ****61.25

DOCUMENT # 738515

1. Entity Name

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

Principal Place of Business

Mailing Address

**7771 STRINGFELLOW RD NW
 ST JAMES CITY FL 33956**

**7771 STRINGFELLOW RD NW
 ST JAMES CITY FL 33956**

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
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBBS, RICHARD H. REV.
 3552 RITA LANE
 ST JAMES CITY FL 33956**

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.

SIGNATURE *Richard H. Cobbs, IV* **RICHARD H. COBBS, IV** **2/5/02**
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALCHER, JUNE PO BOX 389 ST JAMES CITY FL 33956	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTARIE, MICHAEL P.O. BOX 2211 PINELAND FL 33945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, JOSEPH 14171 BOKEELIA ROAD BOKEELIA FL 33922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORRELLI, ARTHUR 2355 BANANA ST SAINT JAMES CITY FL 33956	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAY, ANN MARIE 1817 EMERALD COVE DRIVE CAPE CORAL FL 33991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RISKE, JOSEPH 7418 GRANDE PINE RD BOKEELIA FL 33922	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, COLEEN 506 N.W. 26th Pl. Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guthrie, Michael P.O. Box 2211 Pineland, FL 33945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, BIRGER 10800 Habitat Circle Bokeelia, FL 33922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPI, MAXINE 11854 Royal Tee Circle Cape Coral, FL 33991	<input type="checkbox"/> Change <input checked="" 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: *Richard H. Cobbs, IV* **RICHARD H. COBBS, IV** **2/5/02** **93-1820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)