


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90038 031 \*\*\*\*61.25

<b>DOCUMENT # 738515</b>			
1. Entity Name <b>ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.</b>			
Principal Place of Business <b>7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956</b>		Mailing Address <b>7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956</b>	
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 <b>59-1760883</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANDERSON, BIRGER 10800 HABITAT CIR. BOKEELIA FL 33922</b>		7. Name and Address of New Registered Agent Name <b>Rev. Ann McLemore</b> Street Address (P.O. Box Number is Not Acceptable) <b>10750 Habitat Cir.</b> City <b>Bokeelia</b> <b>FL</b> Zip Code <b>33922</b>	
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 <u><i>L.R. McHenry</i></u> DATE <u>2/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD ANDERSON, BIRGER 10800 HABITAT CIR. BOKEELIA FL 33922</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director &amp; Officer The Rev. Ann McLemore 10750 Habitat Cir. Bokeelia, FL 33922</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD GUTHRIE, MICHAEL P.O. BOX 2211 PINELAND FL 33945</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD Tom Cleaver 5326 Martin Cove Bokeelia, FL 33922 Clerk</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AINSWORTH, JOSEPH 14171 BOKEELIA ROAD BOKEELIA FL 33922</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mona Lee Davis 3573 Bayview Ave. St. James City, FL 33956</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAY, ANN MARIE 1817 EMERALD COVE DR. CAPE CORAL FL 33991</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Bob Ellis 317 SE 30th St. Cape Coral, FL 33904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENNETT, JUNE 404 NW 32ND PL. CAPE CORAL FL 33993</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Joel M. Koonce 16999 Stringfellow Rd. Bokeelia, FL 33922</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRISPI, MAXINE 11854 ROYAL TEE CIRCLE CAPE CORAL FL 33991</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>L.R. McHenry</i></u>		Date <u>Feb 20, 2004</u> Daytime Phone # <u>239-282-1229</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E037 (11/03)