

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

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90013 048 ****61.25

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1st MOORE CR2E037 (10/04)

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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 MCLEMORE, ANN REV. 10750 HABITAT CIRCLE BOKEELIA FL 33922		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: REV. ANN R. McLEMORE 3/23/05 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 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			
TITLE SWD	NAME ANDERSON, BARGER	<input checked="" type="checkbox"/> Delete	TITLE SWD	NAME CLEAVER, TOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10800 HABITAT CIR	CITY-ST-ZIP BOKEELIA FL 33922		STREET ADDRESS 4326 Martin Cove	CITY-ST-ZIP Bokeelia FL 33922	
TITLE JWD	NAME CLEAVER, TOM	<input type="checkbox"/> Delete	TITLE JWD	NAME ELLIS, BOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4326 MARTIN COVE	CITY-ST-ZIP BOKEELIA FL 33922		STREET ADDRESS 317 SE 30th St	CITY-ST-ZIP Cape Coral FL 33904	
TITLE C	NAME DAVIS, MONA LEE	<input checked="" type="checkbox"/> Delete	TITLE JOHANSON, ROBERT	NAME 7955 BREAKWATER CT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3573 BAYVIEW AVE	CITY-ST-ZIP SAINT JAMES CITY FL 33956		STREET ADDRESS BOKEELIA	CITY-ST-ZIP 33922	
TITLE D	NAME ELLIS, BOB	<input type="checkbox"/> Delete	TITLE LEWIS, PRISCILLA	NAME 1471 BOKEELIA RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 317 SE 30TH ST.	CITY-ST-ZIP CAPE CORAL FL 33904		STREET ADDRESS BOKEELIA	CITY-ST-ZIP 33922	
TITLE D	NAME BENNETT, JUNE	<input type="checkbox"/> Delete	TITLE MACEY, SALLY	NAME 5792 TARPON RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 404 NW 32ND PL.	CITY-ST-ZIP CAPE CORAL FL 33993		STREET ADDRESS BOKEELIA	CITY-ST-ZIP 33922	
TITLE D	NAME CRISPI, MAXINE	<input checked="" type="checkbox"/> Delete	TITLE KOONCE, JOEL	NAME 16999 STRINGFELLOW RD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11854 ROYAL TEE CIRCLE	CITY-ST-ZIP CAPE CORAL FL 33991		STREET ADDRESS BOKEELIA	CITY-ST-ZIP 33922	
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:		3/23/05		239-283-1820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	