


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90057 036 \*\*\*\*61.25

<b>DOCUMENT # 738515</b>							
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		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			7. Name and Address of New Registered Agent				
MCLEMORE, ANN REV. 10750 HABITAT CIRCLE. BOKEELIA, FL 33922			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SW/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CLEAVER, TOM		NAME	Anderson, Birger			
STREET ADDRESS	4326 MARTON COVE		STREET ADDRESS	10800 Habitat Circle			
CITY-ST-ZIP	BOKEELIA, FL 33922		CITY-ST-ZIP	Bokeelia, FL 33922			
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Jw/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ELLIS, BOB		NAME	Johnson, Robert			
STREET ADDRESS	317 SE BOTH SR		STREET ADDRESS	7955 Breakwater Ct.			
CITY-ST-ZIP	CAPE CORAL, FL 33901		CITY-ST-ZIP	Bokeelia, FL 33922			
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAVIS, MONA LEE		NAME	Koonce, Joel			
STREET ADDRESS	3573 BAYVIEW AVE.		STREET ADDRESS	16999 Stringfellow Rd			
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Bokeelia, FL 33922			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ELLIS, BOB		NAME	Macey, Sally			
STREET ADDRESS	317 SE 30TH ST.		STREET ADDRESS	5792 Tarpon Rd			
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Bokeelia, FL 33922			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, JUNE		NAME				
STREET ADDRESS	404 NW 32ND PL.		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33993		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, PRISCILLA		NAME				
STREET ADDRESS	14171-BOKSELIA RD		STREET ADDRESS	14171 Bokselia Rd			
CITY-ST-ZIP	BOKEELIA, FL 33922		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Priscilla M. Lewis</i>		PRISCILLA M. LEWIS		2/11/06 239-283-1820			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			