



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-16-2006 90057 036 ****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		
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				<input type="checkbox"/> 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>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input checked="" type="checkbox"/> Delete	TITLE	SWD <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	JWD <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	T/D. <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 #	