


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 038 ****70.00

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

07052007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1760883

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 *A.R. McLeMORE* **THE VERY REV. ANN R. MCLEMORE** 7/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD ANDERSON, BIRGER 10800 HABITAT CIRCLE BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD JOHNSON, ROBERT 7955 BREAKWATER CT BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONCE, JOEL 16999 STRINGFELLOW RD BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACEY, SALLEY 5792 TARPON RD BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JUNE 404 NW 32ND PL. CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LEWIS, PRISCILLA 14171 BOKEELIA RD BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD CARYLE REGAN 10770 Habitat Circle Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD Robert Hill 2631 Bayshore Dr. Matiacha, FL 33993	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT JOHNSON 7955 BREAKWATER Ct. BOKEELIA, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIAGER ANDERSON 11910 TAWAS Ct. Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLY MACEY 5792 TARPON RD Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wm. MARINO 1400 NW 2nd St. CAPE CORAL, FL 33993	<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 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: *Caryle Regan* **CARYLE REGAN** 7/10/07 ²³⁹ 283-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #