

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738515

FILED
Mar 12, 2009
Secretary of State

Entity Name: ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.

Current Principal Place of Business:

7771 STRINGFELLOW RD NW
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

7771 STRINGFELLOW RD NW
ST JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 59-1760883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEMORE, ANN REV.
10750 HABITAT CIRCLE.
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SWD () Delete
Name: REGAN, CARYLE
Address: 10770 HABITAT CIRCLE
City-St-Zip: BOKEELIA, FL 33922

Title: JWD () Delete
Name: CAMPBELL, WILLIAM
Address: 10466 TROTWOOD AVE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D () Delete
Name: KRUEDELBACH, RAY
Address: 5539 THOMAS
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: ANDERSON, BIRGER
Address: 11910 TAWAS CT
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: WENZEL, JUDY
Address: 3559 EMERALD
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T () Delete
Name: MARINO, W.M.
Address: 1400 NW 2ND ST
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SWD (X) Change () Addition
Name: ANDERSON, BIRGER
Address: 11910 TAWAS CT.
City-St-Zip: BOKEELIA, FL 33922

Title: JWD (X) Change () Addition
Name: NABORS, MICHAEL
Address: 4549 COURTNEY RD
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D (X) Change () Addition
Name: CAMPBELL, WM
Address: 10466 TROTWOOD AVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D (X) Change () Addition
Name: HOLLWAY, MARY
Address: 2299 DIXIE LEE CT.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN R MCLEMORE

REV

03/12/2009

Electronic Signature of Signing Officer or Director

Date