

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-30-2003 90050 043 ****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 33856**

Mailing Address
**7771 STRINGFELLOW RD NW
ST JAMES CITY FL 33856**

55045697



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1760883**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BOEBS, RICHARD H REV~~ no vicar at this time
~~3552 RITA LANE~~
~~ST JAMES CITY, FL 33856~~

Name **Birger Anderson**

Street Address (P.O. Box Number is Not Acceptable)
10800 Habitat Cir.

City **Bokeelia**

FL

Zip Code
33922

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

Birger Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/28/03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **BRONSON, COLEEN**
STREET ADDRESS **506 N W 26TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE **Senior Warden** Change Addition
NAME **Anderson, Birger**
STREET ADDRESS **10800 Habitat Cir.**
CITY-ST-ZIP **Bokeelia, FL 33922**

TITLE **D** Delete
NAME **GUTHRIE, MICHAEL**
STREET ADDRESS **P.O. BOX 2211**
CITY-ST-ZIP **PINELAND FL 33945**

TITLE **Junior Warden** Change Addition
NAME **Guthrie, Michael**
STREET ADDRESS **PO Box 2211**
CITY-ST-ZIP **Pineland, FL 33945**

TITLE **D** Delete
NAME **AINSWORTH, JOSEPH**
STREET ADDRESS **14171 BOKEELIA ROAD**
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **Clerk** Change Addition
NAME **Cleaver, Thomas**
STREET ADDRESS **5326 Martin Cove**
CITY-ST-ZIP **Bokeelia, FL 33922**

TITLE **VD** Delete
NAME **ANDERSON, BIRGER**
STREET ADDRESS **10800 HABITAT CIR**
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **May, Ann Marie** Change Addition
NAME **May, Ann Marie**
STREET ADDRESS **1817 Emerald Cove Dr.**
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **SD** Delete
NAME **MAY, ANN MARIE**
STREET ADDRESS **1817 EMERALD COVE DRIVE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **Bennett, June** Change Addition
NAME **Bennett, June**
STREET ADDRESS **404 NW 32nd P1**
CITY-ST-ZIP **Cape Coral, FL 33993**

TITLE **V** Delete
NAME **RISKE, JOSEPH**
STREET ADDRESS **7418 GRANDE PINE RD**
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **Crispi, Maxine** Change Addition
NAME **Crispi, Maxine**
STREET ADDRESS **11854 Royal Tee Circle**
CITY-ST-ZIP **Cape Coral, FL 33991**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Birger Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (239) 282-0263

DATE Daytime Phone #

CR2037 (10/02)