


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90006 006 ****70.00

DOCUMENT # 738869 1. Entity Name SAINT PAUL'S EPISCOPAL CHURCH, INC.	
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Principal Place of Business 1650 LIVE OAK ST NEW SMYRNA BCH, FL 32168	Mailing Address 1650 LIVE OAK ST NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-0898882	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRIDGE, G. RICHMOND 1650 LIVE OAK ST NEW SMYRNA BEACH, FL 32168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>V.P. Bridge</u> + Signature, typed or printed name of registered agent and title (Applicable)	22 Feb. 2006 DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME TILDEN, ROXANNE STREET ADDRESS 1514 LEWIS LANE CITY-ST-ZIP NEW SMYRN BEACH, FL 32168	<input type="checkbox"/> Delete	S NAME JANE A. LUCAS STREET ADDRESS 2320 ESLINGER RD #28 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME WARMACK, PJ STREET ADDRESS PO BOX 677 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170677	<input checked="" type="checkbox"/> Delete	D NAME JOHN PALMER STREET ADDRESS 3230 JUNIPER DR. CITY-ST-ZIP EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME POLDERMAN, MARK STREET ADDRESS 937 CROOKED WOOD CT CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	D NAME HUGH SHEEAN STREET ADDRESS 707 STARBOARD AVE. CITY-ST-ZIP EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME BRIDGE, G. RICHMOND STREET ADDRESS 1650 LIVE OAK ST CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input 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: <u>V.P. Bridge</u> + SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	22 Feb. 2006 Date
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The Rev. Dr. G. Richmond Bridge

(386) 428-8733