

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90045 040 \*\*\*\*61.25

**DOCUMENT # 739609**

1. Entity Name  
**ST. CHAD'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.**



Principal Place of Business  
**5609 NORTH ALBANY  
TAMPA, FL 33603**

Mailing Address  
**5609 NORTH ALBANY  
TAMPA, FL 33603**

40031083



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1761610**

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

**HULL, CHARLES  
6415 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HUMBERT, MARTHA J  
7918 WOODGROVE CIRCLE  
TAMPA, FL 336152043** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MELINDA GARCIA  
7416 N Tampania Ave, Tampa, FL 33614** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DRAKE, MARILYN  
4717 BAY VISTA AVE  
TAMPA, FL 33611** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHARLES PALM JR  
2916 W Violet St, Tampa, FL 33614** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WHITE, DIXIE  
1428 W. YUKON ST  
TAMPA, FL 33604** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARBARA COLLINS  
4915 S 83 St, Tampa, FL 33619** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REYES, AMY  
7305 BRIDGEVIEW CIR, BLDG 14 APT 107  
TAMPA, FL 33634** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MICHAEL CAIN  
207 W Comanche, Tampa, FL 33603** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROSS, DAN  
15139 NIGHTHAWK DR.  
TAMPA, FL 33625** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAM HELLING  
6805 Sivler Branch Rd, Tampa, FL 33625** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: MARTHA HUMBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Martha J. Humbert* 2-12-08 (813) 872-7545