

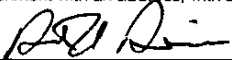


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90040 039 ****61.25

DOCUMENT # 739636 1. Entity Name ST. AGNES EPISCOPAL CHURCH, INC.					
Principal Place of Business 660 N.W. LAKEVIEW DRIVE SEBRING, FL 33870			Mailing Address 660 N.W. LAKEVIEW DRIVE SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box # 3840 LAKEVIEW DRIVE		3. Mailing Address 3840 LAKEVIEW DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02072007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6140704				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVENUE SEBRING, FL				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVENES, R.A. 3407 GOLF HAVEN TERR SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIVENES, ROBERT
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIPENBERGER, SANDRA 3011 DUFFER RD SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EIDENBERGER, SANDRA
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INABUETT, DIANE 4630 LEWIS AVE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, FLORANCE 4406 PITCHING WEDGE WAY SEBRING, FL 33870
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOUSEY, WILLIAM 212 SPARROW AVE SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<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:  ROBERT A. RIVENES 2/17/07 863-385-7649 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					