
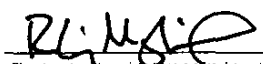
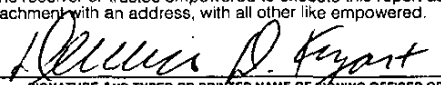


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 028 ****61.25

DOCUMENT # 739879					
1. Entity Name ST. MARY'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.					
Principal Place of Business 4311 SAN MIGUEL TAMPA, FL 33629		Mailing Address 4311 SAN MIGUEL TAMPA, FL 33629			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-0766994		Applied For Not Applicable		04202006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORD, ROY J JR, ESQ 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602			Name MAYFIELD, R. CRAIG, ESQ Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD STE 3700 City TAMPA FL Zip Code 33602		
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 		R. CRAIG MAYFIELD		4/24/06	
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, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLAR, LEA	NAME			
STREET ADDRESS	3212 W CHAPIN AV.E	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336112704	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYNARD, JACK	NAME			
STREET ADDRESS	5311 BAYSHORE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRUIETT, DENIS	NAME	HEALY, DAVID		
STREET ADDRESS	2305 S LILA LANE	STREET ADDRESS	814 IDLEWOOD AVE.		
CITY-ST-ZIP	TAMPA, FL 336295842	CITY-ST-ZIP	TAMPA, FL 33609		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCLEAN, REV. W.D. III	NAME	KEZAR, REV. CANON DENNIS		
STREET ADDRESS	P.O. BOX 15709	STREET ADDRESS	4106 W. SAN JUAN ST.		
CITY-ST-ZIP	SARASOTA, FL 342771709	CITY-ST-ZIP	TAMPA, FL 33629		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWICKEY, DINAH	NAME			
STREET ADDRESS	3818 W EL PRADO BLVD	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		DENNIS D. KEZAR		4/20/06 813-251-1660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	