

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90276 031 ****61.25

DOCUMENT # 744531

1. Entity Name

**ST. MARY'S EPISCOPAL CHURCH OF BONITA
SPRINGS, INC.**



Principal Place of Business

**9801 BONITA BEACH ROAD
BONITA SPRINGS FL 34135
US**

Mailing Address

~~NGS INC~~
**P.O. BOX 1923
BONITA SPRINGS FL 33959-1923
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1923

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs FL

Zip

Country

Zip

Country

34135 Lec County

4. FEI Number

65-0337233

Applied For

Not Applicable

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

**COUPLAND, GEOFFREY D REV
3709 WHIDBEY WAY
NAPLES FL 34119**

Name

The Rev Dr Stephen Jacobson

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

13050 Southampton DR.

City

Bonita Springs

FL

Zip Code

34135

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **CD** ☒ Delete
NAME **COUPLAND, GEOFFREY D**
STREET ADDRESS **3409 WHIDBEY WAY**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **TD** ☒ Delete
NAME **DESMOND, JAMES M CFA**
STREET ADDRESS **8114 COSTA BRAVA CT**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VD** ☐ Delete
NAME **WARREN, JERRY**
STREET ADDRESS **522 LAKE LOUISE CIRCLE #604**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **PD** ☒ Delete
NAME **BLAUVELT, CLIFFORD**
STREET ADDRESS **3225 GOLFSIDE DRIVE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **S** ☒ Delete
NAME **REES, LOIS**
STREET ADDRESS **24370 WOODSAGE DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **The Rev. Dr. Stephen K. Jacobson** ☐ Change ☒ Addition
NAME
STREET ADDRESS **13050 Southampton DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **MR. Lloyd Clarke** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3061 Laurel Ridge Ct.**
CITY-ST-ZIP **Bonita Springs FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **LARRY EDWARDS** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3450 Creekview Dr.**
CITY-ST-ZIP **Bonita Springs FL 34134**

TITLE **YOLANDA NAIMOLI** ☐ Change ☒ Addition
NAME
STREET ADDRESS **634 GRAND RAPIDS BLVD.**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Stephen K. Jacobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04

Date

239-992-4343

Daytime Phone #