

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90003 044 \*\*\*\*61.25

**DOCUMENT # 747192**



1. Entity Name  
**SAINT GILES CHURCH, EPISCOPAL, INC.**

Principal Place of Business  
**8271 52ND ST NORTH  
PINELLAS PARK, FL 33781**

Mailing Address  
**8271 52ND ST NORTH  
PINELLAS PARK, FL 33781**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6181589**

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

**WASSON, SANDRA  
8381 56TH WAY NORTH  
PINELLAS PARK, FL 34665**

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 September 14, 2007**

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 **D** ☐ Delete  
NAME **HARTNETT, JOHN L REV.**  
STREET ADDRESS **12151 N72ND WAY**  
CITY-ST-ZIP **LARGO, FL 33773**

TITLE **D** ☒ Delete  
NAME **COLLUM, WALTER**  
STREET ADDRESS **3816 108TH AVENUE N.**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D** ☐ Delete  
NAME **TRIMBLE, BRIAN**  
STREET ADDRESS **2083 59TH STREET N.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **D** ☐ Delete  
NAME **FIELDS, LISE**  
STREET ADDRESS **6609 10TH STREET N.**  
CITY-ST-ZIP **ST PETERSBURG, FL 33702**

TITLE **D** ☐ Delete  
NAME **WASSON, SANDRA**  
STREET ADDRESS **8381 56TH WAY NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☐ Delete  
NAME **LOFGREN, GENE**  
STREET ADDRESS **5220 90TH TERRACE NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **D. Williams, Paul**  
STREET ADDRESS **6447 41 AVE. N.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

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

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

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

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sandra Wasson* **SANDRA R. WASSON** **5-30-07(12/7) 544-6856**