


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90032 044 \*\*\*\*61.25

<b>DOCUMENT # 747471</b> 1. Entity Name HOLY FAITH EPISCOPAL CHURCH, INC.					
Principal Place of Business 6990 S. FEDERAL HWY U.S. PT. ST. LUCIE, FL 34952 US				Mailing Address 6990 S. FEDERAL HIGHWAY (U.S. 1) PT. ST. LUCIE, FL 34952	
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	01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6551703				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  STONE, JEANNE M 75 CAMINO DE RIO PORT SAINT LUCIE, FL 34952			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) JOANNE HUTCHINS City PORT ST LUCIE FL Zip Code 34983		
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 <u>Jo Anne Hutchins</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/11/07</u>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MYERS, DORIS 7607 GREENBRIER CIRCLE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSW VAN VAULBUBRCH, DAVID 305 RIO MAR DR PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSW JOANNE HUTCHINS 631 SW BYRON ST. PORT ST. LUCIE FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: DORIS MYERS</b> <u>Doris Myers TRES</u> <u>3/12/07 (772) 464 4570</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					