

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90052 009 ****61.25

DOCUMENT # 755821

1. Entity Name

THE RECTOR, WARDENS AND VESTRYMEN OF SAINT
LUKE'S EPISCOPAL CHURCH OF PORT SALERNO,



Principal Place of Business

5250 SE RAILWAY AVENUE
STUART FL 34997
US

Mailing Address

5150 S.E. RAILWAY AVENUE
P.O. BOX 1127
PORT SALERNO FL 34992-1127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2248368

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

MINSHEW, JAMES
5150 S.E. RAILWAY AVENUE
PORT SALERNO FL

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
MINSHEW, JAMES
5856 SE RIVERBOAT DR
STUART FL 34997 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHAHOD, KAY
5165 SE LOST LAKE WAY
HOBE SOUND FL 33455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOON, MARTY
4145 NE CARROLL CT
JENSEN BEACH FL 34457 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WELLS, EDWARD
2985 S LOOKOUT BLVD
PORT ST LUCIE FL 34954 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLAN, SUSAN
5142 SE SHADNER PARKS WAY
STUART FL 34997 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ST. PHILIP, CARL
1919 SW LITTLE OAK TR
PALM CITY FL 34990 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CANFIELD, FRED
2745 S.W. TORNADO TRAIL
STUART FL 34997 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WORRELL-SAPP, PENNY
5221 SE NASSAU TERR
STUART FL 33455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DUPUY, DONNA
P.O. Box 1189 - 42 SE TAND TERR.
STUART FL 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
TOPPING, CHARLES A
3480 SE MARTINIQUE TRACE
STUART FL 34997 ☐ Delete

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

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:

CHARLES A. TOPPING TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.09.05

Date

772
219-3786

Daytime Phone #