2007 NOT-FOR-PROFIT CORPORATION

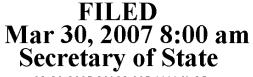
ANNUAL REPORT

DOCUMENT #755821

1. Entity Name THE RECTOR, WARDENS AND VESTRYMEN OF SAINT LUKE'S EPISCOPAL CHURCH OF PORT SALERNO, INCORPORATED

Principal Place of Business

Mailing Address



03-30-2007 90133 007 ****61.25

40045540

| 5250 SE RAILWAY AVENUE STUART, FL 34997 US | | 5150 S.E. RAILWAY AVENUE P.O. BOX 1127 Port Salerno, Fl. 34992-1127 US | | | | | 717 | |
|--|---|--|--|-----------------------|--|--------------------------|---|----------------------------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01252007 CI | hg-NP | CR2E037 (12/06) | : . |
| City & State | | City & State | | | 4. FEI Number 59-224836 | 58 | | pplied For . w lot Applicable |
| Zip Country | | Zip | ip Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current F | legistered Agent | | | 7. Name and Add | ress of New Re | gistered Agent | |
| | /, JAMES RAILWAY AVENUE LERNO. FL | | Street Address | | (P.O. Box Number is Not Acceptable) | | | |
| | | | Ci | ty | | | FL Zip Co | de |
| the obligat | named entity submits this statement for tions of registered agent. | the purpose of changing its | registered of | fice or register | red agent, or both, in | the State of Flori | ida. I am familiar with | n, and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOT | E. Registered Ager | nt signature required | 1 when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | | ADDITIONS/CHANG | ES TO OFFICER | IS AND DIRECTORS | N 10 |
| TITLE | C | ☐ Delete | TITLE | | | | Change | Addition |
| NAME | MINSHEW, JAMES | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 5856 SE RIVERBOAT DR STUART, FL 34997 | | STREET ADO | | | | | |
| | D | П., | | C | | | | Addition |
| TITLE NAME | MOON, MARTY | 🔀 Delete | NAME | | nercon O | a mail | Change | ADDITION |
| STREET ADORESS | 4145 NE CARROLL CT | | STREET ADI | DRESS 39 | arron, Co 54 SE Fa | irway | 巨なが | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY+ST-2 | P Sit | uart, FL | 34991 | 7 | |
| TITLE | D | ☐ Detete | TITLE | T | | | Change Ch | Addition |
| NAME | ALLHO, SUSAN | | NAME | Au | 1d , Siese | h | | |
| STREET ADDRESS | 5142 SE SCHDONER OAKS WA | Y | STREET ADI | DRESS 5/4 | ra se sol | reoner (| vake way | |
| CITY-ST-ZIP | STUART, FL 34997 | | CITY-ST-Z | ₽ .5 T i | eart, FL | 34997 | | |
| TITLE | D | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | CANFIELD, FRED | | NAME | 20000 | | | | |
| STREET ADDRESS CITY-ST-ZIP | 2745 SW TORNADO TRAIL STUART, FL 34997 | | STREET ADI | 1 | | | | |
| | | | _ | 1-5 | | | | |
| TITLE NAME | S DUPULY, DONNA | Delete | TITLE NAME | 12 | willard, | James | ☐ Change | Addition |
| STREET ADDRESS | PO BOX 1789-42 SE TORNADO | TRAIL | STREET ADI | ORESS CO.ST | ECSEM | by Trer | ~۵٤٠ | |
| CITY-ST-ZIP | STUART, FL 34995 | 7117.712 | CITY-ST-Z | رى قائدا ئىدا جا | 56 SEM | 1. FL 3 | 3455 | |
| | | | | | | | | |
| TITLE | | De nelete | TITLE | D/- | | | ☐ Chance | Addition |
| TITLE | T CAMPBELL, STEPHEN G | Delete | TITLE NAME | D/- 5+ | | Gail | ☐ Change | Addition |
| | Т | Delete | | D/T St | | Gail rest G | □ Change Llade Tra | Addition |
| NAME | T CAMPBELL, STEPHEN G | √ Delete | NAME | St 571 | | Gail rest G Id. FL | lade Tra | Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida 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 eath; 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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 617. Florida Statutes is an attachment with an address, with all other-like empowered.