

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 010 ****61.25

DOCUMENT # 755821						
1. Entity Name THE RECTOR, WARDENS AND VESTRYMEN OF SAINT LUKE'S EPISCOPAL CHURCH OF PORT SALERNO, INCORPORATED						
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 - No P.O. Box # 5150 SE RAILWAY AVE		3. Mailing Address P O BOX 1127				
Suite, Apt. #, etc. STUART		Suite, Apt. #, etc.				
City & State STUART FL		City & State PORT SALERNO FL				
Zip 34997	Country USA	Zip 34992	Country USA	4. FEI Number 59-2248368		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MINSHEW, JAMES 5150 S.E. RAILWAY AVENUE PORT SALERNO, FL			7. Name and Address of New Registered Agent Name: CAROL BARRON Street Address (P.O. Box Number is Not Acceptable): 5150 SE RAILWAY AVE City: STUART FL Zip Code: 34997			
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: CAROL BARRON				DATE: 3/31/08		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 C	NAME MINSHEW, JAMES		<input type="checkbox"/> Delete	TITLE 	NAME 5150 SE RAILWAY AVE	
STREET ADDRESS 5856 SE RIVERBOAT DR	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS STUART FL 34997	CITY-ST-ZIP 	
TITLE C	NAME BARRON, CAROL		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 3954 SE FAIRWAY EAST	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME AULD, SUSAN		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 5142 SE SCHDONER OAKS WAY	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME CANFIELD, FRED		<input checked="" type="checkbox"/> Delete	TITLE 	NAME ROBERT HALTON	
STREET ADDRESS 2745 SW TORNADO TRAIL	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2600 SW OCEAN BLVD	CITY-ST-ZIP VISTA PINES KK-15 STUART FL 34996	
TITLE D	NAME COUILLARD, JAMES		<input checked="" type="checkbox"/> Delete	TITLE 	NAME MARLENE PICKARD	
STREET ADDRESS 8552 SE MAY TERRACE	CITY-ST-ZIP HOBE SOUND, FL 33455		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 7541 SE TETON DR	CITY-ST-ZIP HOBE SOUND FL 33455	
TITLE DT	NAME STEPHENS, GAIL		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 5705 SE FOREST GLADE TRAIL	CITY-ST-ZIP HOBE SOUND, FL 33455		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: CAROL BARRON		OFFICER 3/31/08		772 286-5455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		