2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755821

Feb 24, 2009 Secretary of State

Entity Name: THE RECTOR, WARDENS AND VESTRYMEN OF SAINT LUKE'S EPISCOPAL CHURCH OF PORT

SALERNO, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

5150 SE RAILWAY AVE. STUART, FL 34997

Current Mailing Address: New Mailing Address:

5150 SE RAILWAY AVE. P.O. BOX 1127 STUART, FL 34997 US

FEI Number: 59-2248368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARRON, CAROL 5150 SE ŔAILWAY AVE STUART, FL 34997

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MINSHEW, JAMES BARRON, CAROL Name: Name: 5150 SE RAILWAY AVE. Address: 3954 SE FAIRWAY EAST. Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: Title: (X) Change () Addition () Delete BARRON, CAROL Name: ZAMBARDINO, VICTORIA Name: Address: 3954 SE FAIRWAY EAST Address: 6879 SE SLEEPY HOLLOW LANE

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: () Delete Title: (X) Change () Addition ROBERT, HALTON AULD, SUSAN Name: Name:

5142 SE SCHDONER OAKS WAY 2600 SE OCEAN BLVD Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: VISTA PINES, FL 34996

Title: () Delete Title: DT (X) Change () Addition Name: HALTON, ROBERT Name: STEPHENS, GAIL M Address: 2600 SE OCEAN BLVD Address: 5705 SE FOREST GLADE TRAIL HOBE SOUND, FL 33455

City-St-Zip: VISTA PINES, FL 34996 City-St-Zip: Title: () Delete Title: (X) Change () Addition

PICKARD, MARLENE CLEMENTS, THOMAS Name: Name: 7541 SE TETON DR 548 SW HALPATIOKEE ST Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: STUART, F 34994

Title: () Delete Title: () Change (X) Addition MC CARTHY, DAVID Name: Name:

Address: Address: 5365 SE RUNNING OAK CIR STUART, FL 34997 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M STEPHENS DT 02/24/2009