

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# 759076

Entity Name: ST. CLEMENT'S EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

706 WEST 113TH AVENUE
PO BOX 17342
TAMPA, FL 33682

New Principal Place of Business:

Current Mailing Address:

PO BOX 17342
TAMPA, FL 336827342

New Mailing Address:

FEI Number: 59-1306561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANNO, REV. LEWIS O.
37421 WEST MERIDIAN AVE.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TANNO, LEWIS O.
Address: 37421 WEST MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

Title: VD () Delete
Name: VASTINE, SUE
Address: 11334 N. ROME AVE.
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: THOMPSON, CHARLES E II
Address: 1105 S. PINE LAKE DR.
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: VETTER, JOHN
Address: 4606 SANDY CREEK LN
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MACK, PETER
Address: 16117 COUNTRY CROSSING DR
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: LYON-HALL, ELIZABETH
Address: 1506 E. FORD ST.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CROFT, ED
Address: 10117 N. WILLOW
City-St-Zip: TAMPA, FL 33612

Title: T (X) Change () Addition
Name: QUIRE, KIMBERLY D
Address: 16512 FOREST LAKE DR
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY D QUIRE

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date