2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769632

FILED Mar 22, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 815 E GRAVES AVE. ORANGE CITY, FL 32763 US **Current Mailing Address: New Mailing Address:** 815 E GRAVES AVE ORANGE CITY, FL 32763 US FEI Number: 59-2300972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAUST, ANDREW S REV BARTLE, EDWARD B REV 47 WENTWOOD DRIVE 733 CREEKWATER TERRACE DEBARY, FL 32713 LAKE MARY, FL 32746 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: EDWARD B BARTLE 03/22/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete YATES, SANDRA Name: Name: 815 E GRAVES AVE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: () Change () Addition WARLOCK, URIEL Name: Name: Address: 815 E GRAVES AVE Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: (X) Change () Addition PORCHER, PERCY PORCHER, PERCY Name: Name: 815 E GRAVES AVE 815 E GRAVES AVE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763 () Delete Title: Title: (X) Change () Addition Name: RIPLEY, ART Name: RIPLEY, ART 815 E GRAVES AVE Address: Address: 815 E GRAVES AVE City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763 Title: () Delete Title: () Change () Addition ST JOHN, LISA Name: Name: 815 E GRAVES AVE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: () Change () Addition HERRING, CAROL Name: Name: Address: 815 E GRAVES AVE Address: ORANGE CITY, FL 32763 City-St-Zip: 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: SANDRA J YATES ST 03/22/2006