

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769632

FILED
Feb 12, 2008
Secretary of State

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

Current Principal Place of Business:

815 E GRAVES AVE.
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

815 E GRAVES AVE.
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2300972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLE, PHYLLIS P REV
330 HICKORY AVENUE
ORANGE CITY, FL 32763 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: ST () Delete
Name: YATES, SANDRA
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: P () Delete
Name: FLOOD, JAMES
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: WILLIAMS, MICHAEL
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: V () Delete
Name: RIPLEY, ART
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: LYNCHARD, ROBERT
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: HERRING, CAROL
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change () Addition
Name: LYNCHARD, ROBERT
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D (X) Change () Addition
Name: FELTON, PAULINE
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D (X) Change () Addition
Name: SHANAHAN, WENDY
Address: 815 E GRAVES AVE
City-St-Zip: ORANGE CITY, FL 32763

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: JAMES FLOOD

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date