

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 23, 2008**  
**Secretary of State**

DOCUMENT# 769632

**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:** LYNCHARD, ROBERT  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**Title:** D ( ) Delete  
**Name:** FELTON, PAULINE  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**Title:** D ( ) Delete  
**Name:** SHANAHAN, WENDY  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S (X) Change ( ) Addition  
**Name:** YATES, SANDRA  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**Title:** VP (X) Change ( ) Addition  
**Name:** FLOOD, JAMES  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** LYNCHARD, ROBERT  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**Title:** T (X) Change ( ) Addition  
**Name:** FELTON, PAULINE  
**Address:** 815 E GRAVES AVE  
**City-St-Zip:** ORANGE CITY, FL 32763**Title:** P (X) Change ( ) Addition  
**Name:** BARTLE, PHYLLIS REV  
**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: SANDRA YATES

S

05/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date