

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90003 020 \*\*\*\*61.25

**DOCUMENT # 769887**

1. Entity Name

**ST. MARTIN'S EPISCOPAL CHURCH OF PASCO  
COUNTY, INC.**



Principal Place of Business

**15801 US HWY 19  
HUDSON FL 34667**

Mailing Address

**15801 US HWY 19  
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

**59-2316629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAAS, EVELYN M  
10522 GREEN MEADOW LANE  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **Benita Baumgarten**

Street Address (P.O. Box Number is Not Acceptable)  
**12108 Fieldstone Lane**

City **Bayonet Point**

**FL**

Zip Code  
**34667**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Benita Baumgarten*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Benita Baumgarten**

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D PALMER, LEON**  
STREET ADDRESS **7405 JASBOW JUNCTION**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☒ Delete  
NAME **PD KUBLER BARY P REV**  
STREET ADDRESS **8714 BRAXTON DR**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☒ Delete  
NAME **D HAAS, EVELYN M**  
STREET ADDRESS **10522 GREEN MEADOW LANE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Benita Baumgarten**  
CITY-ST-ZIP **12108 Fieldstone Lane**  
**Bayonet Point, FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benita Baumgarten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Benita Baumgarten**

(727) 863-8560

Daytime Phone #