

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90078 001 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

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

**BAUMGARTEN, BENITA  
12108 FIELDSTONE LANE  
BAYONET POINT FL 34667**

7. Name and Address of New Registered Agent

Name

Annette Nelson

Street Address (P.O. Box Number is Not Acceptable)

12535 Morgan Rd.

City

Hudson

FL

Zip Code

34669

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

*Annette Nelson*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2006**

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	DP	<input type="checkbox"/> Delete
NAME	DOPP, REV. WILLIAM F	
STREET ADDRESS	14101 BEECH TREE COURT	
CITY - ST - ZIP	HUDSON FL 34667	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUMGARTEN, BENITA	
STREET ADDRESS	12108 FIELDSTONE LANE	
CITY - ST - ZIP	BAYONET POINT FL 34667	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette Nelson	
STREET ADDRESS	12535 Morgan Rd	
CITY - ST - ZIP	Hudson, FL 34669	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Quintard	
STREET ADDRESS	4311 Bellaire Dr.	
CITY - ST - ZIP	Hernando Beach, FL 34609	

TITLE	Sec'y. & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Rosser	
STREET ADDRESS	12200 Fox Chase Dr.	
CITY - ST - ZIP	Hudson, FL 34669	

TITLE	Treas. & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Hathaway	
STREET ADDRESS	11605 Cocowood Dr.	
CITY - ST - ZIP	New Port Richey FL 34654	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X

*Annette Nelson*