

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90049 031 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2316629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, ANNETTE
12535 MORGAN RD
HUDSON FL 34669**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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** ☐ Delete
NAME **DOPP, REV. WILLIAM F**
STREET ADDRESS **14101 BEECH TREE COURT**
CITY - ST - ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **NELSON, ANNETTE**
STREET ADDRESS **12535 MORGAN RD**
CITY - ST - ZIP **HUDSON FL 34669**

TITLE **D** ☒ Delete
NAME **QUINTARD, ALEX**
STREET ADDRESS **4311 BELLAIRE DR**
CITY - ST - ZIP **SPRING HILL FL 34609**

TITLE **SD** ☒ Delete
NAME **ROSSER, MARIE**
STREET ADDRESS **12200 FOX CHASE DR**
CITY - ST - ZIP **HUDSON FL 34669**

TITLE **TD** ☒ Delete
NAME **HATHAWAY, ROB**
STREET ADDRESS **11605 COCOWOOD DR**
CITY - ST - ZIP **NEW PORT RICHEY FL 34654**

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 **Treasurer + Director** ☐ Change ☒ Addition
NAME **Roslyn Thompson**
STREET ADDRESS **12502 Wild Turkey Lane**
CITY - ST - ZIP **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 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: *Annnette S. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 727-863-8560

Date

Daytime Phone #