

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90036 022 ****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

1st MOORE

CR2E037 (10/07)

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

NELSON, ANNETTE
12535 MORGAN RD
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

Christopher Wright

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

7232 Staghorn Dr.

City

Spring Hill

FL

Zip Code

34607

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

Christopher Wright

1/30/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	NELSON, ANNETTE	
STREET ADDRESS	12535 MORGAN RD	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ROSLYN	
STREET ADDRESS	2502 WILD TURKEY LN	
CITY-ST-ZIP	BAYONE 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		

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Wright	
STREET ADDRESS	7232 Staghorn Dr.	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	Treasurer + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chester Pate	
STREET ADDRESS	11647 Wheatfield Loop	
CITY-ST-ZIP	Bayonet Point FL 34667	
TITLE	Secretary + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Montcal	
STREET ADDRESS	13731 CoCo Ave.	
CITY-ST-ZIP	Hudson FL 34667	
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:

Rev. Dr. William F. Dopp

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1/30/08 127-863-8560