

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01168</b> 1. Entity Name <b>ST. GABRIEL'S EPISCOPAL CHURCH, INC.</b>					
Principal Place of Business 414 PINE STREET P. O. BOX 6584 (32782) TITUSVILLE FL 32796		Mailing Address 414 PINE STREET P. O. BOX 6584 (32782) TITUSVILLE FL 32796			
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-1288365</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POBJECKY, REV. J. RICHARD</b> <b>3060 LAS PALMAS</b> <b>TITUSVILLE FL 32780</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE: <i>J. Richard Pobjecky</i>		DATE: <i>Aug. 1, 2005</i>		Signature (typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when re-registering)	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. <b>DSW OFFICERS AND DIRECTORS</b>				11. <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, EVELYN R 4825 KEY BISCAYNE DR TITUSVILLE FL 32780 T	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  000000375615 08/05/05-80003-009 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McDONALD, OLIVE 3615 MIRIAM DRIVE TITUSVILLE FL 32796 C	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POBJECKY, J. RICHARD 3060 LAS PALMAS TITUSVILLE FL D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSINGER, FREDERICK 7507 WINDOVER WAY TITUSVILLE FL 32780 S	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EHLERS, ROBERT 1238 LITTLE OAK CIRCLE TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



2nd MOORE CR2E037 (5/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J. Richard Pobjecky* DATE: *Aug. 1, 2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #