

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01168

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** ST. GABRIEL'S EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

414 PINE STREET  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

414 PINE STREET  
TITUSVILLE, FL 32796

**New Mailing Address:**

FEI Number: 59-1288365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLLER, ALBERT M JR.  
2645 ROYAL OAK DRIVE  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DSW  
Name: TAYLOR, EVELYN R  
Address: 2221 COUNTRY CLUB DR  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DT  
Name: KOLLER, ALBERT M JR.  
Address: 2645 ROYAL OAK DRIVE  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: C  
Name: GOODRIDGE, ROBERT J JR.  
Address: 2505 FAWN LAKE  
City-St-Zip: MIMS, FL 32754 US

Title: DJW  
Name: MEGIVERN, DAN  
Address: 1311 GREENWOOD STREET  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DS  
Name: DUQUESNE, CHRISSY  
Address: 3390 FOX LAKE ROAD  
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT M. KOLLER, JR.

DT

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date