## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90172 012 \*\*\*\*61.25

1. Entity Nam	MENT # N0300000 REW'S EPISCOPAL CHUI								01/2012***	01	25
Principal Plac 1608 BAKER PANAMA CIT		Mailing Address 1608 BAKER CT. PANAMA CITY, FL 324	BAKER CT.			4 ( <b>4 %</b> (1) <b>8</b> (1	40080	<b>28</b> (H <b>18</b> (H 18)	PILL BULLU INTL BRY		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312007	Chg-NP		CR2E037 (12	/06)		
City & State		City & State				4. FEI Numbe 56-2350					plied For Applicable
Zip	Country	Zip	Coun	ntry		5. Certificate	of Status De	esired		5 Addi equired	
	6. Name and Address of Currer	nt Registered Agent				7. Name and	Address of	New Reg	istered Agent		
RICHARDS, EDWARD T				Name  RUTH W. Mc CLAIN  Street Address (P.O. Box Number is Not Acceptable)							
1608 BAKER CT. PANAMA CITY, FL 32401			-	Street Ac	923	W. Car	pline	Blvd			
			-	City	D.,,	sma C	+14	<del></del> -	FL Zi	Code	401
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered	d office or	register	ed agent, or bot	th, in the Sta	te of Floric	la. I am familia	r with, a	and accept
	W	<i>1</i> . · · · · ·								_ ¬	
SIGNATURE .	Ruth W. M. Signature, typed or printed name of registered age	CCLSC KVT ent and little if applicable. (NOT	7+ W. TE: Registered /	Agent signatu	CLA I	W. Dire	etor		4-20- DATE	01	
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	ent and little if applicable. [NOT 9. Effection Car Trust Fund (	mpaign Fin	nancing	· <u>-</u>	when reinstating) \$5.00 May B Added to Fees			PATE  e check pays Department	ble to	
SIGNATURE	Filling Fee is \$61.25	9. Election Car Trust Fund (	mpaign Fin	nancing		\$5.00 May B	е	Florida	e check pays Department	ble to	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:	Ruth W. Mc Clair	RUTH W. McCLAIN	4-20-07	(850) 785-6808
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE	CTOR	Date	Daytime Phone #