

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2006  
Secretary of State**

DOCUMENT# N04000002858

**Entity Name:** COMMUNITY OF THE HOLY COMFORTER, INC.

**Current Principal Place of Business:**

197 SW MONTEREY ROAD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

197 SW MONTEREY ROAD  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 51-0509835      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JANSEN, EDWARD V  
2596 SW REGENCY ROAD  
STUART, FL 34997 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: PD ( ) Delete  
Name: JANSEN, EDWARD V PD  
Address: 2596 SW REGENCY ROAD  
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete  
Name: GAFFNEY, PATRICIA A VD  
Address: 2596 SW REGENCY ROAD  
City-St-Zip: STUART, FL 34997

Title: STD ( ) Delete  
Name: LIGHTBODY, SALLY J STD  
Address: 1861SW PALM CITY ROAD - F301  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD V. JANSEN

PD

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date