


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 047 ****61.25

DOCUMENT # N04000004374					
1. Entity Name THE EPISCOPAL CURSILLO MOVEMENT ON THE DIOCESE OF SOUTHEAST FL INC					
Principal Place of Business 8895 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410			Mailing Address 8895 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1276272	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		02162007 Chg-NP CR2E037 (12/06)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY-REEVES, MARY ACRHDEA 8850 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	LD	<input type="checkbox"/> Delete	TITLE	LAY DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, JOE E		NAME	STOUT, JOE E	
STREET ADDRESS	149 AREGORY PLACE		STREET ADDRESS	149 GREGORY PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	TREASURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, EDIE		NAME	GRAY, WILTON	
STREET ADDRESS	2888 DOLPHIN DRY		STREET ADDRESS	9300 SW 6TH CT	
CITY-ST-ZIP	DELRAY BCH, FL 33445		CITY-ST-ZIP	PEMBROKE PINES FL. 33025	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THOMAS, ANDREA	
STREET ADDRESS			STREET ADDRESS	306 MARY STREET	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Wilton Gray</i>		WILTON GRAY		03-05-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				954-450-7147	