

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004374

FILED
Jun 06, 2009
Secretary of State

Entity Name: THE EPISCOPAL CURSILLO MOVEMENT ON THE DIOCESE OF SOUTHEAST FL INC

Current Principal Place of Business:

8895 N MILITARY TRAIL 205C
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8895 N MILITARY TRAIL 205C
PALM BCH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-1276272 **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:

BRUTTELL, THOMAS
8895 NORTH MILITARY TRAIL
SUITE 205C
PALM BEACH GARDENS, FL 33410 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: LD () Delete
Name: THOMAS, ANDREA
Address: 306 MACY STREET
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T () Delete
Name: GRAY, WILTON
Address: 9300 SW 6TH CT.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: BELBEN, VALERIE
Address: 570 SW 15 STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: LD (X) Change () Addition
Name: COOMBS, VASCO
Address: 1713 SW HAYLAKE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

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 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: WILTON GRAY

_____ Electronic Signature of Signing Officer or Director

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06/06/2009

_____ Date