

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 27 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02272008 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000000094					
1. Entity Name ST. MARY CHRISTIAN METHODIST EPISCOPAL CHURCH INC.					
Principal Place of Business 2772 MT PLEASANT RD MT PLEASANT, FL 32352-2772 US			Mailing Address 2772 MT PLEASANT RD MT PLEASANT, FL 32352-2772 US		
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 41-2162466	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURCHINS, REGINALD R 2772 MT PLEASANT RD MT PLEASANT, FL 32352-2772			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, LESIA 2772 MT PLEASANT RD MT PLEASANT, FL 323522772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, RONNIE 2772 MT PLEASANT RD MT PLEASANT, FL 323522772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURCHINS, FREDDIE 2772 MT PLEASANT RD MT PLEASANT, FL 323522772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURCHINS, REGINALD 2772 MT PLEASANT RD MT PLEASANT, FL 323522772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, CAROLYN 2772 MT PLEASANT RD MT PLEASANT, FL 323522772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SANDRA 2772 MT PLEASANT RD MT PLEASANT, FL 323522772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500119545545 03/06/08--01012--007 **61.25 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>2/27/08</u> Daytime Phone # _____					