## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09735

FILED Mar 17, 2005 Secretary of State

Entity Name: SAINT FRANCIS IN THE KEYS EPISCOPAL CHURCH, INCORPORATED

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
1600 KEY D BIG PINE K	DEER BLVD EY, FL 33043	US			
Current Mailing Address:			New Mailing A	New Mailing Address:	
P O BOX 430645 BIG PINE KEY, FL 33043 US					
FEI Number:	59-2606597	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
OELER, JOANNE 29375 SARATOGA AVE BIG PINE KEY, FL 33043 US			OELER, JOHN 29375 SARATOGA AVE BIG PINE KEY, FL 33043 US		
The above r		ıbmits this statement for the pu	rpose of changing its re	gistered office or registered agent, or both,	
SIGNATURE: CORRINE WADE 03/17/2005					
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CI	HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D WADE, CORINNE 29161 HIBISCUS BIG PINE KEY, F	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () C TODD, CHRISTOI 30243 COCONUT BIG PINE KEY, F	HWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () E HUNTER, CHRIST 3746 PINE STRE BIG PINE KEY, F	ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () D SOCHA, NANCY 3962 NO NAME R BIG PINE KEY, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () C FRITTS, RAY 3848 NO NAME R BIG PINE KEY, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () C JENT, PEGGY 20926 9TH AVE. Y SUMMERLAND K		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CORRINE WADEJOHN OELER REGI 03/17/2005