2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N10725

Entity Name: ST. DAVID'S EPISCOPAL CHURCH

Current Principal Place of Business:

401 S. BROADWAY
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

401 S. BROADWAY
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 59-6173767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, ARTHUR R
401 S. BROADWAY
ENGLEWOOD, FL 34223 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:	CD	( ) Delete
Name:	LEE, ARTHUR R	
Address:	401 S BROADWAY	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	D	( ) Delete
Name:	RANDLETT, BARBARA	
Address:	10063 FRANKLIN DRIVE	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	D	( ) Delete
Name:	H. WELLS, FRENCH	
Address:	9428 BANDERA LANE	
City-St-Zip:	PORT CHARLOTTE, FL 33981	
Title:	T	( ) Delete
Name:	LEWIS, JEANNE	
Address:	1209 GULF COAST BLD.	
City-St-Zip:	VENICE, FL 34285 US	
Title:	D	( ) Delete
Name:	KALLOP, LYNN	
Address:	1885 NEPTUNE DRIVE	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	S	( ) Delete
Name:	BROWN, PHYLLIS	
Address:	PO BOX 889	
City-St-Zip:	PLACIDA, FL 33946	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CAMPBELL, CHARLES	
Address:	401 DEVONSHIRE LANE	
City-St-Zip:	VENICE, FL 34293	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MAURER, KAREN	
Address:	660 S. BROADWAY.	
City-St-Zip:	ENGLEWOOD, FL 34223 US	
Title:	D	(X) Change ( ) Addition
Name:	KNOX, PATRICIA	
Address:	109 KINGS AVENUE	
City-St-Zip:	ROTONDA WEST, FL 33947	
Title:	S	(X) Change ( ) Addition
Name:	BROWN, RITA	
Address:	3516 ROSSMERE RD	
City-St-Zip:	PORT CHARLOTTE, FL 33953	

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: KAREN MAURER T 04/24/2009

Electronic Signature of Signing Officer or Director — Date