

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12655

FILED
Jun 20, 2007
Secretary of State

Entity Name: ST. MATTHEW'S EPISCOPAL CHURCH OF THE DIOCESE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5873 NORTH DEAN ROAD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

5873 NORTH DEAN ROAD
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-2621232 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:

WILLIAMSON, BOB
1313 AUGUSTA NATIONAL BLVD.
WINTER SPRINGS, FL 32708 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: T () Delete
Name: WILLIAMSON, BOB
Address: 5873 N DEAN RD.
City-St-Zip: ORLANDO, FL 32817

Title: SATT () Delete
Name: SEWELL, MERRY R
Address: 5873 N DEAN RD
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: GALFO, REV G
Address: 5873 N DEAN RD
City-St-Zip: ORLANDO, FL

Title: SRW () Delete
Name: JOHNSON, DON
Address: 5873 N DEAN RD.
City-St-Zip: ORLANDO, FL 32817

Title: R () Delete
Name: FRITCH, CHARLES O
Address: 5873 N DEAN RD
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SATT (X) Change () Addition
Name: BAILEY, SHARON L
Address: 5873 N DEAN RD
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRW (X) Change () Addition
Name: JOHNSON, AL
Address: 5873 N DEAN RD.
City-St-Zip: ORLANDO, FL 32817

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: SHARON L. BAILEY

SATT

06/20/2007

Electronic Signature of Signing Officer or Director

_____ Date