2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12655

FILED Apr 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5873 NORTH DEAN ROAD ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 5873 NORTH DEAN ROAD ORLANDO, FL 32817 FEI Number: 59-2621232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHER, HUGH 850 LEOPARD TRAIL WINTER SPRINGS, FL 32708 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FISHER, HUGH Name: Name: 5873 N DEAN RD. Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: SATT () Delete Title: () Change () Addition BAILEY, SHARON L Name: Name: Address: 5873 N DEAN RD Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: (X) Change () Addition GALFO, REV G Name: FRITCH, CHARLES O RECTOR Name: Address: 5873 N DEAN RD Address: 5873 N DEAN RD City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32817 Title: SRW (X) Delete Title: () Change () Addition Name: TAYLOR, JAMES Name: Address: 5873 N DEAN RD. Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: (X) Delete Title: () Change () Addition FRITCH, CHARLES O Name: Name: 5873 N DEAN RD Address: Address: City-St-Zip: ORLANDO, FL 32817 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 BAILEY SATT 04/16/2009