

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N19235

1. Entity Name

ST. MARY EPISCOPAL CHURCH OF BELLEVIEW,
FLORIDA, INC.



Principal Place of Business

5750 SE 115 ST
BELLEVIEW, FL 34420 US

Mailing Address

P.O. BOX 2373
BELLEVIEW, FL 34421 US



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number

59-2774044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NUNEZ, TIM REV
10481 SE 68TH COURT
BELLEVIEW, FL 34420

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000777493
01/10/08-80010-011 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUGENSTIEN, ED
STREET ADDRESS 12615 SE 90TH TERRACE
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE SD
NAME GILBERT, LESLIE
STREET ADDRESS 6022 SE 122ND PLACE
CITY-ST-ZIP BELLEVIEW, FL 34420

TITLE TD
NAME QUINNELL, BOB
STREET ADDRESS 386 S.E. FISHER WAY
CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Leslie P. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 (352)347-6422

Date

Daytime Phone #