

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19937

FILED
Feb 01, 2006
Secretary of State

Entity Name: ST. PETER THE FISHERMAN, INC.

Current Principal Place of Business:

4220 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

4220 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-2776493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, JAMES S REV
826 23RD AVENUE
NEW SMYRNA BEACH, FL 32169 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: SW () Delete
Name: NORWOOD, ANN MS
Address: 400 SHOREWOOD LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VM () Delete
Name: FAIRWEATHER, MARGE MS.
Address: 444 BOUCHELLE DRIVE #305
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: JW () Delete
Name: WALTER, SOLMS L MR
Address: 1207 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VM () Delete
Name: WEEDEN, RICHARD MR
Address: 63 LAKE FAIRGREEN CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: TR () Delete
Name: PEARCE, MORLEY MR
Address: 653 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VM () Delete
Name: BURROWS, DONN MR.
Address: 682 ST. ANDREWS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VM (X) Change () Addition
Name: MCCARTHA, RAY MR
Address: 255 MINORCA BEACH WAY B-902
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOYCE A. WITHERS

MRS.

02/01/2006

Electronic Signature of Signing Officer or Director

Date