

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19937

FILED
Feb 17, 2011
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
Name: BURROWS, DONN MR.
Address: 682 ST. ANDREWS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: JW
Name: SCHUBERT, DON MR.
Address: 2441 LAKE WATERFORD BOULEVARD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VM
Name: POLDERMAN, PAT MRS.
Address: 937 CROOKED WOOD COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VM
Name: LAYTON, NITA MRS.
Address: 506 N PENINSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: TR
Name: POLDERMAN, MARK MR
Address: 937 CROOKED WOOD COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VM
Name: PETERSON, DORI MS.
Address: 1111 LOCH LOMMOND COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES S. SPENCER

REV.

02/17/2011

Electronic Signature of Signing Officer or Director

Date