

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21697 (0)

1. Corporation Name

**ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA
INC.**

Principal Place of Business

Mailing Address

**C/O JAMES L.S. BOWDISH
555 COLORADO AVENUE, SUITE ONE
STUART FL 34994**

**C/O JAMES L.S. BOWDISH
555 COLORADO AVENUE, SUITE ONE
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0128978	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWDISH, JAMES L. S.
555 COLORADO AVENUE
SUITE ONE
STUART FL 34994**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Treasurer
NAME	JACKSON, SHARON K.	1.2 NAME	James A. Christie, Jr.
STREET ADDRESS	1313 18TH ST	1.3 STREET ADDRESS	915 Hall Street
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	Stuart, Fl. 34994
TITLE	D	2.1 TITLE	Helen Christie
NAME	REBEKKA MARTIN	2.2 NAME	915 Hall Street
STREET ADDRESS	1313 18TH ST	2.3 STREET ADDRESS	Stuart, Fl. 34994
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	WARD, BRUCE	3.2 NAME	
STREET ADDRESS	3105 SE ASTER LANE #1807	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE	D Senior Warden	4.1 TITLE	
NAME	FISHER, HELEN E.	4.2 NAME	
STREET ADDRESS	4570 SE COVE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PT. SALERNO FL	4.4 CITY - ST - ZIP	
TITLE	D Clerk/Secretary	5.1 TITLE	
NAME	DEVONE, CARRYE	5.2 NAME	
STREET ADDRESS	458 SE LAMON LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PT. ST. LUCIE FL	5.4 CITY - ST - ZIP	
TITLE	D Junior Warden	6.1 TITLE	
NAME	DEAN, TROY D	6.2 NAME	
STREET ADDRESS	368U-D SW QUAIL MEADOW TR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Helen E. Fisher Senior Warden

March 24, 1995

(407) 288-5779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number