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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21697**

1. Corporation Name

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

Principal Place of Business	Mailing Address
800 CENTRAL AVE 555 COLORADO AVENUE. SUITE ONE STURAT FL 34995 US	P.O. BOX 1798 555 COLORADO AVENUE. SUITE ONE STUART FL 34995 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0128978 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIE, JAMES A.		1.2 NAME		
STREET ADDRESS	915 HALL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CHRISTIE, HELEN		2.2 NAME	DIXON, ALICE	
STREET ADDRESS	915 HALL ST.		2.3 STREET ADDRESS	P. O. BOX 975	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34958	
TITLE	D	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SAUNDERS, STERLING		3.2 NAME	CLARKE, EULA, ESQ.	
STREET ADDRESS	2192 NE PELICAN TERRACE		3.3 STREET ADDRESS	1008 E. 16th Court	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	DCS	☐ DELETE	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	DEVONE, CARRYE		5.2 NAME	DEVONE, CARRYE	
STREET ADDRESS	458 SE LAMON LANE		5.3 STREET ADDRESS	458 SE LAMON LANE	
CITY-ST-ZIP	PT. ST. LUCIE FL		5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	D.	☐ DELETE	6.1 TITLE	DC	☒ Change ☐ Addition
NAME	DEAN, TROY D.		6.2 NAME	DEAN, TROY D.	
STREET ADDRESS	5413 SE 48TH AVE		6.3 STREET ADDRESS	5413 SE 48th Ave.	
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	Stuart, FL 34997	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: TROY D. DEAN RETURNED Troy D. Dean 1/24/99 561-563-3442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #