

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90033 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                                                                                                              |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N21697</b><br>1. Entity Name<br><b>ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>800 CENTRAL AVE<br/>555 COLORADO AVENUE, SUITE ONE<br/>STUART FL 34995<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | Mailing Address<br><b>P.O. BOX 1798<br/>555 COLORADO AVENUE, SUITE ONE<br/>STUART FL 34995<br/>US</b>                                                        |                                                                   |
| 2. Principal Place of Business<br><b>800 Central Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | 2. Mailing Address<br><b>P.O. Box 1798</b>                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           | Suite, Apt. #, etc.<br>                                                                                                                                      |                                                                   |
| City & State<br><b>Stuart, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | City & State<br><b>Stuart, Florida</b>                                                                                                                       |                                                                   |
| Zip<br><b>34995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | Zip<br><b>34995-1798</b>                                                                                                                                     |                                                                   |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | Country<br><b>USA</b>                                                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BOWDISH, JAMES L. S.<br/>555 COLORADO AVENUE<br/>SUITE ONE<br/>STUART FL 34994</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                                                                                                              |                                                                   |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |                                                                   |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                                                                                                                              |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br><b>CHRISTIE, JAMES A.</b><br><b>915 HALL ST.</b><br><b>STUART FL</b>          | <input type="checkbox"/> Delete                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>DIXON, ALICE</b><br><b>PO BOX 975</b><br><b>JENSEN BEACH FL 34958</b>      | <input type="checkbox"/> Delete                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DC</b><br><b>CLARKE, EULA</b><br><b>1008 E 16TH CT</b><br><b>STUART FL 34996</b>       | <input type="checkbox"/> Delete                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>FISHER, HELEN E.</b><br><b>4570 SE COVE RD</b><br><b>PT. SALERNO FL</b>    | <input type="checkbox"/> Delete                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DS</b><br><b>DEVONE, CARRYE</b><br><b>458 SE LAMON LANE</b><br><b>PT. ST. LUCIE FL</b> | <input type="checkbox"/> Delete                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           | <input type="checkbox"/> Delete                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 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. |                                                                                           |                                                                                                                                                              |                                                                   |
| <b>SIGNATURE:</b> <i>James A. Christie Jr.</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                                                                                              |                                                                   |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | <small>Daytime Phone #</small>                                                                                                                               |                                                                   |

00016000



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0128978** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**