

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N21697 1. Entity Name ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA, INC.	
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Principal Place of Business 800 CENTRAL AVE STUART, FL 33495 US	Mailing Address P.O. BOX 1798 STUART, FL 34995-1798 US
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DO NOT WRITE IN THIS SPACE



07072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0128978	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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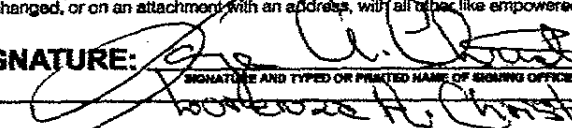
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTIE, JAMES A. 915 HALL ST. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, ALICE PO BOX 975 JENSEN BEACH, FL 34958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARKE, EULA 1008 E 16TH CT STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, HELEN E. 4570 SE COVE RD PT. SALERNO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEVONE, CARRYE 458 SE LAMON LANE PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/07-80004-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **8 Jul 07** (781) 287-6371
Signature and typed or printed name of signing officer or director Date Daytime Phone #
James A. Christie, Treasurer