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.

Principal Place of Business	Mailing Address
800 CENTRAL AVE STUART, FL 33495 US	P.O. BOX 1798 STUART, FL 34995-1798 US

07072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CHRISTIE, JAMES A.
STREET ADDRESS	915 HALL ST.
CITY-ST-ZIP	STUART, FL
TITLE	D
NAME	DIXON, ALICE
STREET ADDRESS	PO BOX 975
CITY-ST-ZIP	JENSEN BEACH, FL 34958
TITLE	DC
NAME	CLARKE, EULA
STREET ADDRESS	1008 E 16TH CT
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	FISHER, HELEN E.
STREET ADDRESS	4570 SE COVE RD
CITY-ST-ZIP	PT. SALERNO, FL
TITLE	DS
NAME	DEVONE, CARRYE
STREET ADDRESS	458 SE LAMON LANE
CITY-ST-ZIP	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: James A. Christie 8 JUL 07 (772)287-6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James A. Christie, Treasurer