

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21697

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

800 CENTRAL AVE
STUART, FL 33495 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1798
STUART, FL 349951798 US

New Mailing Address:

FEI Number: 65-0128978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHRISTIE, JAMES A.
Address: 915 HALL ST.
City-St-Zip: STUART, FL

Title: D () Delete
Name: DIXON, ALICE
Address: PO BOX 975
City-St-Zip: JENSEN BEACH, FL 34958

Title: DC () Delete
Name: CLARKE, EULA
Address: 1008 E 16TH CT
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: FISHER, HELEN E.
Address: 4570 SE COVE RD
City-St-Zip: PT. SALERNO, FL

Title: DS () Delete
Name: DEVONE, CARRYE
Address: 458 SE LAMON LANE
City-St-Zip: PT. ST. LUCIE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CHRISTIE, LORENZA A
Address: P. O. BOX 1267
City-St-Zip: JENSEN BEACH, FL 34958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENZA A. CHRISTIE

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date