

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2004  
Secretary of State**

DOCUMENT# N27350

Entity Name: EPISCOPAL CHURCH OF AMERICA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

30230 JOHNSTON RD  
DADE CITY, FL 33523 US

**Current Mailing Address:**

**New Mailing Address:**

30230 JOHNSTON RD  
DADE CITY, FL 33523 US

FEI Number: 59-3056092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RECTOR, ROBERT L  
3230 JOHNSTON RD  
DADE CITY, FL 33523 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: RECTOR, ROBERT L  
Address: 30230 JOHNSTON ROAD  
City-St-Zip: DADE CITY, FL 33523

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

Title: SD ( ) Delete  
Name: RECTOR, LADONNA L  
Address: 30230 JOHNSTON ROAD  
City-St-Zip: DADE CITY, FL 33523

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

Title: D ( ) Delete  
Name: LANE, RICHARD P  
Address: 8850 KNOT APT #231  
City-St-Zip: BUENA PARK, CA 90620

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT L. RECTOR

C/D

04/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date