2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N51239

Entity Name: SAINT MARY'S EPISCOPAL CHURCH OF DADE CITY, INC.

Current Principal Place of Business:

37637 MAGNOLIA AVENUE
DADE CITY, FL 335233744 US

New Principal Place of Business:

Current Mailing Address:

37637 MAGNOLIA AVENUE
DADE CITY, FL 33523744 US

New Mailing Address:

37637 MAGNOLIA AVENUE
DADE CITY, FL 335233744 US

FEI Number: 59-2270703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, WILSON R
36913 CENTER AVENUE
DADE CITY, FL 33525 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:	DP	( ) Delete
Name:	JAMES, KELLY F	
Address:	8549 54TH AVE. CIRCLE EAST	
City-St-Zip:	BRADENTON, FL 34211	
Title:	D	( ) Delete
Name:	MORGAN, JACK K	
Address:	32550 TIMBER HILL DR.	
City-St-Zip:	DADE CITY, FL 33523	
Title:	DS	( ) Delete
Name:	PARKS, DEBORAH	
Address:	36639 JEFFERSON AVE	
City-St-Zip:	DADE CITY, FL 33523	
Title:	T	( ) Delete
Name:	BULMANSKI, KIM	
Address:	36737 JEFFERSON AVE	
City-St-Zip:	DADE CITY, FL 33523	

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:	

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: KIM BULMANSKI T 02/18/2009
Electronic Signature of Signing Officer or Director — Date