

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 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 335233744 US**New Mailing Address:****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:** DP (X) Change () Addition
Name: BROWN, DEWEY E
Address: 36913 SUMMER RIDGE DRIVE
City-St-Zip: DADE CITY, FL 33525**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

10/06/2009

Electronic Signature of Signing Officer or Director

Date