

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

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N92000000389

Entity Name: ST. MATTHEW'S EPISCOPAL CHURCH OF DELRAY BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

404 S.W. THIRD STREET  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 656  
DELRAY BEACH, FL 33444

**New Mailing Address:**

P.O. BOX 656  
DELRAY BEACH, FL 33447

FEI Number: 65-0431750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUNKLEY, HUGH B  
642 LINDELL BLVD  
DELRAY BEACH, FL 33444 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: D ( ) Delete  
Name: JOSEY-RAWLINS, SHARON  
Address: 716 SW 2ND CT  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: CLARK, THADDEUS  
Address: 1332 W INDIES WAY  
City-St-Zip: LANTANA, FL 33462

Title: T ( ) Delete  
Name: DUNKLEY, HUGH B  
Address: 642 LINDELL BLVD  
City-St-Zip: DELRAY BEACH, FL 33444

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

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

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, DOUGLAS  
Address: 118 NW 8TH AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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: HUGH B. DUNKLEY

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04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date