
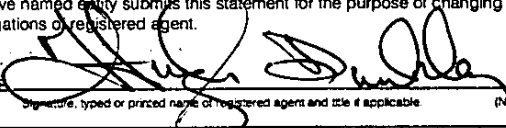
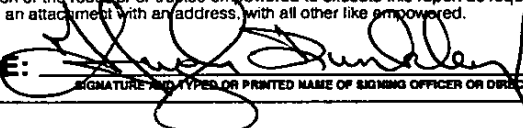


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90357 048 ****61.25

DOCUMENT # N92000000389			
1. Entity Name ST. MATTHEW'S EPISCOPAL CHURCH OF DELRAY BEACH, FLORIDA, INC.			
Principal Place of Business 404 S.W. THIRD STREET DELRAY BEACH, FL 33444		Mailing Address P.O. BOX 656 DELRAY BEACH, FL 33447	
2. Principal Place of Business		3. Mailing Address P.O. Box 8018	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME		City & State DeLray Beach, FL	
Zip		Zip	
Country		Country	
33482		USA	
4. FEI Number 65-0431750		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNKLEY, HUGH B 642 LINDELL BLVD DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		HUGH DUNKLEY TREASURER / REGISTERED AGENT	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-issuing)	
DATE		4/17/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JOSEY-RAWLINS, SHARON 716 SW 2ND CT DELRAY BEACH, FL 33444	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WILLIAMS, DOUGLAS 118 NW 8TH AVE DELRAY BEACH, FL 33444	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T DUNKLEY, HUGH B 642 LINDELL BLVD DELRAY BEACH, FL 33444	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR Janet C. Davis 902 SW 3rd Ct. DeLray Beach, FL 33444
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		HUGH DUNKLEY	
Signature, typed or printed name of signing officer or director		Date	
		4/17/05 (561) 272-4143	
		Daytime Phone #	

50041000



04172005 Chg-NP CR2E037 (10/03)