


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 044 ****61.25

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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 8018
 DELRAY BEACH, FL 33482**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0431750

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **DEBORAH A. DELVA**

Street Address (P.O. Box Number is Not Acceptable)
75 NW 4th AVE

City **DELRAY BCH** FL Zip Code **33444**

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 **DEBORAH A. DELVA** *Deborah A. Delva* **TREASURER** **2/6/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOUGLAS	
STREET ADDRESS	118 NW 8TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DUNKLEY, HUGH B	
STREET ADDRESS	642 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JANET C	
STREET ADDRESS	902 SW 3RD CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELVA, DEBORAH A	
STREET ADDRESS	75 NW 4th Ave	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Deborah A. Delva** *Deborah A. Delva* **2/6/06** **561-272-4143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #