

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003471

FILED
May 16, 2005
Secretary of State

Entity Name: ST. CECILIA'S EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

1920 SOUTH MAYDELL DRIVE
TAMPA, FL

New Principal Place of Business:

1920 SOUTH MAYDELL DRIVE
TAMPA, FL 33619

Current Mailing Address:

1920 SOUTH MAYDELL DRIVE
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-3198376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLE, LARRY
12500 MCMULKLEN LOOP #351
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

SMITH, LINDA G TREASUR
1009 SO. 48TH STREET
TAMPA, FL 33619 US

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: LINDA G. SMITH

05/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SMITH, LINDA
Address: 4717 SOUTH 10TH AVE.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: BIRD, BILL
Address: 10922 ROSS STREET
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: YATES, WENDY
Address: 2208 ALLWOOD AVE.
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: DYER, DIANA LEE
Address: 6511 SOLITAIR PALM WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: S () Delete
Name: DAUIS, JOAN
Address: 1607 MAYDELL DR.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: COLE, LARRY
Address: 12500 MCMULLEN LOOP #351
City-St-Zip: RIVERVIEW, FL 33569

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
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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 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: LINDA G. SMITH

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05/16/2005

Electronic Signature of Signing Officer or Director

Date