

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004569

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

7070 IMMOKALEE RD
NAPLES, FL 341198845 US

New Principal Place of Business:

Current Mailing Address:

7070 IMMOKALEE RD
NAPLES, FL 339998907 US

New Mailing Address:

7070 IMMOKALEE RD
NAPLES, FL 341198845 US

FEI Number: 65-0295252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLREFF, KATHRYN M REV.
7070 IMMOKALA ROAD
NAPLES, FL 34119 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: BODINSKI, BONNIE
Address: 3225 5TH AVENUE NW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: BAKER, SUE
Address: 5781 GOLDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: RICHARDS, WILLIAM
Address: 2780 12TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: ROSSOMANDO, COLLEEN
Address: 4641 FIFTH AVE NW
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: DEARBORN, PATRICK
Address: 1418 KING SAGO CT
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: MISENER, CHRISTINE
Address: 4652 RIO POCO CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SMITH, BETSY
Address: 8598 IBIS COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: MCCAMPBELL, MICHAEL
Address: 1880 CRESTVIEW WAY
City-St-Zip: NAPLES, FL 34119

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: BONNIE BODINSKI

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date