

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90150 024 \*\*\*\*61.25

<b>DOCUMENT # N95000000297</b> 1. Entity Name <b>ST. MARTIN'S EPISCOPAL CHURCH OF CLEWISTON, INC.</b>					
Principal Place of Business <b>207 NORTH W.C. OWEN AVENUE CLEWISTON, FL 33440</b>			Mailing Address <b>207 NORTH W.C. OWEN AVENUE CLEWISTON, FL 33440</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1460977</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THOMAS, SAMUEL S REV SAINT MARTIN'S EPISCOPAL CHURCH 207 NORTH WC OWEN AVENUE CLEWISTON, FL 33440</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006				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	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	COCHRAN, ROBERT V	
STREET ADDRESS	707 HOOVER DIKE ROAD, #402				
CITY-ST-ZIP	CLEWISTON, FL 33440				
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	HILLARD, CATHERINE	
STREET ADDRESS	100 MYRTLE LANE				
CITY-ST-ZIP	CLEWISTON, FL 33440				
TITLE	T	<input type="checkbox"/> Delete	NAME	HARRIS, FRANK	
STREET ADDRESS	612 EAST PASADENA AVENUE				
CITY-ST-ZIP	CLEWISTON, FL 33440				
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	WILEY, PATRICK	
STREET ADDRESS	17500 C.R. 835				
CITY-ST-ZIP	CLEWISTON, FL 33440				
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	CARITHERS, DIANE	
STREET ADDRESS	723 SEMINOLE AVE				
CITY-ST-ZIP	CLEWISTON, FL 33440				
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RACKSTRAW, GAYNAM R	
STREET ADDRESS	502 WATER OAK AVENUE				
CITY-ST-ZIP	CLEWISTON, FL 33440				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	Director. (Sr. Warden)		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Gaynam R. Rackstraw				
STREET ADDRESS	502 Water Oak Avenue				
CITY-ST-ZIP	Clewiston, Florida 33440				
TITLE	Director (Sr Warden)		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Hunter Latham				
STREET ADDRESS	426 West Crescent Drive				
CITY-ST-ZIP	Clewiston, Florida 33440				
TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Secretary		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Emma Rojas				
STREET ADDRESS	615 West Ventura Avenue				
CITY-ST-ZIP	Clewiston, Florida 33440				
TITLE	Director		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Annie Walker				
STREET ADDRESS	431 West Sagamore Avenue				
CITY-ST-ZIP	Clewiston, Florida 33440				
TITLE	Director		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Craig Cudworth				
STREET ADDRESS	Post Office Box 1924				
CITY-ST-ZIP	Clewiston, Florida 33440				
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: <i>Antoine Hillard</i>			4-3-06 863-923-7960		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					