

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 019 *****61.25

DOCUMENT # N95000000297

1. Entity Name

ST. MARTIN'S EPISCOPAL CHURCH OF CLEWISTON, INC.



Principal Place of Business

**207 NORTH W.C. OWEN AVENUE
CLEWISTON FL 33440**

Mailing Address

**207 NORTH W.C. OWEN AVENUE
CLEWISTON FL 33440**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1460977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, SAMUEL S REV
SAINT MARTIN'S EPISCOPAL CHURCH
207 NORTH WC OWEN AVENUE
CLEWISTON FL 33440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSRW -- ~~58-Delete~~
GAYNAN, RACKSTRAW R
502 WATER OAK AVE
CLEWISTON FL 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Carl E. Berner ☐ Change ☒ Addition
125 West Avenida del Rio
Clewiston, Florida 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSRW ☐ Delete
LATHAM, HUNTER
426 WEST CRESCENT DR
CLEWISTON FL 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T ☐ Delete
HARRIS, FRANK
512 EAST PASADENA AVENUE
CLEWISTON FL 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S ☐ Delete
ROJAS, EMMA
615 WEST VENTURA AVE
CLEWISTON FL 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D ☐ Delete
WALKER, ANNIE
431 WEST SAGAMORE AVE
CLEWISTON FL 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D ☐ Delete
CUDWORTH, CRAIG
PO BOX 1924
CLEWISTON FL 33440**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-07

Date

Daytime Phone #