

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000297

FILED
Mar 20, 2009
Secretary of State

Entity Name: ST. MARTIN'S EPISCOPAL CHURCH OF CLEWISTON, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1460977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SAMUEL S REV
SAINT MARTIN'S EPISCOPAL CHURCH
207 NORTH WC OWEN AVENUE
CLEWISTON, FL 33440 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: DSRW () Delete
Name: BERNER, CARL
Address: 125 W AVENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: DSRW () Delete
Name: LATHAM, HUNTER
Address: 426 WEST CRESCENT DR
City-St-Zip: CLEWISTON, FL 33440

Title: T () Delete
Name: HARRIS, FRANK
Address: 512 EAST PASADENA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: HILLIARD, CATHERINE
Address: 100 MYRTLE LANE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: WALKER, ANNIE
Address: 431 WEST SAGAMORE AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: CUDWORTH, CRAIG
Address: PO BOX 1924
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSRW (X) Change () Addition
Name: HOWELL, CHRISTINE
Address: 407 E. AVENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

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: D (X) Change () Addition
Name: DAVIS, RHONDA
Address: 242 E. ARCADE
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Change () Addition
Name: COCHRAN, ROBERT
Address: 707 HOOVER DIKE RD. #402
City-St-Zip: CLEWISTON, FL 33440

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: CATHERINE HILLIARD

DIR

03/20/2009

Electronic Signature of Signing Officer or Director

Date