

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000297

FILED  
Mar 18, 2010  
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  
**Name:** HOWELL, CHRISTINE  
**Address:** 407 E. AVENIDA DEL RIO  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** DJRW  
**Name:** CASTELLANOS, MARSHA  
**Address:** 234 W CIRCLE DRIVE  
**City-St-Zip:** CLEWISTON, FL 33440

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

**Title:** D  
**Name:** RACKSTRAW, GAYNAM  
**Address:** 502 WATER OAK AVENUE  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** S  
**Name:** DAVIS, RHONDA  
**Address:** 242 E. ARCADE  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** D  
**Name:** HERRINGTON, JIM  
**Address:** 1139 WESTERN DRIVE  
**City-St-Zip:** MOORE HAVEN, FL 33471

I hereby 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 all other like empowered.

**SIGNATURE:** RHONDA DAVIS

DIR

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date