

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90134 011 ****70.00

DOCUMENT # N97000005176
 1. Entity Name
 EPISCOPAL CHURCH OF THE NATIVITY, INC.



Principal Place of Business
 1151 S.W. DEL RIO BLVD
 PORT ST. LUCIE, FL 34953 US

Mailing Address
 1151 S.W. DEL RIO BLVD
 PORT ST. LUCIE, FL 34953 US

50064990



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05052005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 65-0785725

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOLFE, PAUL D
 1081 S.W. MOCKINGBIRD DR.
 PORT ST. LUCIE, FL 34986

7. Name and Address of New Registered Agent
 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 DATE 8/22/05

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 September 7, 2005

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	POWELL, KERRY T	
STREET ADDRESS	2334 S.W. ANTIQUERA ST	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERMAN, RON	
STREET ADDRESS	1260 SW BRIARWOOD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	D2V	<input checked="" type="checkbox"/> Delete
NAME	ZEBOSKY, DENNIS	
STREET ADDRESS	3024 SE WAKE RD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ABRAHAMS, STANLEY	
STREET ADDRESS	1529 S.W SANTANDER AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOLFE, PAUL D	
STREET ADDRESS	1081 SW MOCKINGBIRD DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BUTLER	
STREET ADDRESS	610 SW 34 ST.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DY2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLTON O'BRIEN	
STREET ADDRESS	5414 NW EMBLEM ST.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: President DATE: 8/22/05 DAYTIME PHONE #: 72343 0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR