


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90017 039 ****61.25

DOCUMENT # N97000005176 1. Entity Name EPISCOPAL CHURCH OF THE NATIVITY, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02272008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0785725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, PAUL D 1081 S.W. MOCKINGBIRD DR. PORT ST. LUCIE, FL 34986	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

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BUTLER, ROBERT 610 SW 34 ST PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete HERMAN, RON 1260 SW BRIARWOOD PORT SAINT LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Larry Jennings, Larry 368 NE Camelot Dr. Port St. Lucie, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete MESECHER, SUE 3817 SW CHERIBON ST. PORT ST. LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WOLFE, PAUL D 1081 SW MOCKINGBIRD DR PORT SAINT LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2V <input checked="" type="checkbox"/> Delete MESECHER, LES 3817 SW CHERIBON ST PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2V <input type="checkbox"/> Change <input type="checkbox"/> Addition Herman, Ron 1260 SW Briarwood Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert S. Butler, Robert S. Butler, Sec. (772) 343-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #