

# 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.**



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



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

02272008 Chg-NP CR2E037 (12/06)

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

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. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, ROBERT	
STREET ADDRESS	610 SW 34 ST	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, RON	
STREET ADDRESS	1260 SW BRIARWOOD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MESECHER, SUE	
STREET ADDRESS	3817 SW CHERIBON ST.	
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	D2V	<input checked="" type="checkbox"/> Delete
NAME	MESECHER, LES	
STREET ADDRESS	3817 SW CHERIBON ST	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Jennings	
STREET ADDRESS	368 NE Camelot Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D2V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman, Ron	
STREET ADDRESS	1260 SW Briarwood	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(772) 343-0401

Daytime Phone #