## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005176

FILED Apr 13, 2009 Secretary of State

Entity Nan	ne: EPISCOP <i>a</i>	AL CHURCH OF	F THE NATIVIT	Y, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
	DEL RIO BLVD LUCIE, FL 349							
Current Ma	ailing Address	:		New Mailii	ng Address:			
	DEL RIO BLVD LUCIE, FL 349							
FEI Number:	65-0785725	FEI Number App	lied For()	FEI Number Not Appli	cable ( )	Certificate of Status	Desired ( )	
Name and	Address of Cu	ırrent Register	ed Agent:	Name and	Address of N	lew Registered Ag	gent:	
WOLFE, PAUL D 1081 S.W. MOCKINGBIRD DR. PORT ST. LUCIE, FL 34986 US				ROSENDAHL, MARY A 1043 GENESEE AVENUE SEBASTIAN, FL 32958 US				
The above in the State		ıbmits this state	ement for the pu	rpose of changing it	s registered o	ffice or registered a	agent, or both,	
SIGNATURE: MARY A. ROSENDAHL					04/13/2009			
	Electronic	Signature of R	egistered Agen	t		Date		
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFICERS AN	ID DIRECTORS:	
Title: Name: Address: City-St-Zip:	S ()E BUTLER, ROBER 610 SW 34 ST PALM CITY, FL			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DV () [ JENNINGS, LARF 368 NE CAMELO PORT SAINT LUC	T DR.		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DT ()E MESECHER, SUI 3817 SW CHERI PORT ST. LUCIE	BON ST.		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	P () E WOLFE, PAUL D 1081 SW MOCKI PORT SAINT LUC	NGBIRD DR		Title: Name: Address: City-St-Zip:	P (X) ROSENDAHL, M 1043 GENESEE SEBASTIAN, FL	E AVENUE		
Title: Name: Address: City-St-Zip:	D2V ()E HERMAN, RON 1260 SW BRIAR' PORT SAINT LUC			Title: Name: Address: City-St-Zip:	SMITHLER, GE 8222 SANDPIN			

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: SUE MESECHER 04/13/2009 DT