

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003874</b>			
<b>1. Entity Name</b> SAINT JOSEPH EPISCOPAL CHURCH, ORLANDO, FLORIDA, INC.			
<b>Principal Place of Business</b> 2152 WHISPERLAKES BLVD ORLANDO FL 32837		<b>Mailing Address</b> 2152 WHISPERLAKES BLVD ORLANDO FL 32837	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
<b>4. FEI Number</b> NO-T APPLICABLE		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
VAUGHAN, JOHN 2152 WHISPERLAKES BLVD ORLANDO FL 32837		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>   Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, EUERTON F	NAME	
STREET ADDRESS	12011 FAMBRIDGE ROAD	STREET ADDRESS	U00000054279
CITY-ST-ZIP	ORLANDO FL 32837	CITY-ST-ZIP	02/16/04-80165-012 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAGRAFF, JOYCE	NAME	
STREET ADDRESS	1300 BOGGY CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRTMAN, CARLA	NAME	
STREET ADDRESS	247 EAST CEDARWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROURKE, DONALD	NAME	
STREET ADDRESS	13004 JESUP WOODS COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, JOHN	NAME	
STREET ADDRESS	2152 WHISPER LAKES BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



MOORE CR2E037 (11/03)

**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** \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR