


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

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

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|---|--|--|--|---|--|
| DOCUMENT # N98000003874 1. Entity Name SAINT JOSEPH EPISCOPAL CHURCH, ORLANDO, FLORIDA, INC. | | | |  | |
| Principal Place of Business 2152 WHISPERLAKES BLVD ORLANDO FL 32837 | | Mailing Address 2152 WHISPERLAKES BLVD ORLANDO FL 32837 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NO-T APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VAUGHAN, JOHN 2152 WHISPERLAKES BLVD ORLANDO FL 32837 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> D PHILLIPS, EUERTON F <input type="checkbox"/> Delete 12011 FAMBRIAGE ROAD ORLANDO FL 32837 </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> D WEAGRAFF, JOYCE <input type="checkbox"/> Delete 1300 BOGGY CREEK ROAD ORLANDO FL 32824 </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> D GIRTMAN, CARLA <input type="checkbox"/> Delete 247 EAST CEDARWOOD CIR KISSIMMEE FL 34743 </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> D OROURKE, DONALD <input type="checkbox"/> Delete 13004 JESUP WOODS COURT ORLANDO FL 32824 </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> D VAUGHAN, JOHN <input type="checkbox"/> Delete 2152 WHISPER LAKES BLVD ORLANDO FL 32837 </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Delete </div> | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000054279 02/16/04-80165-012 61.25 </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | | | |

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR