

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700424

**Entity Name:** ST. THOMAS' EPISCOPAL CHURCH

**Current Principal Place of Business:**

1200 SNELL ISLE BLVD. NE  
SAINT PETERSBURG, FL 33704

**Current Mailing Address:**

1200 SNELL ISLE BLVD. NE  
SAINT PETERSBURG, FL 33704 US

**FEI Number: 59-0895914**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RECTOR, WARDEN & VESTRY OF CHURCH  
1200 SNELL ISLE BLVD. NE  
SAINT PETERSBURG, FL 33704 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            RECTOR  
Name            WHITLEY, RYAN R  
Address        100 BAY POINT DRIVE NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title            SENIOR WARDEN  
Name            PARK, MARY JANE  
Address        515 BAYVIEW DR NE APT 3  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            JUNIOR WARDEN  
Name            SHEVLIN, THOMAS L  
Address        1053 BELLA VISTA DR NE  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            CLARK, MARY  
Address        2547 KINGSTON ST S  
City-State-Zip: ST. PETERSBURG FL 33711

Title            SECRETARY  
Name            BARNS, BILL  
Address        4780 DOLPHIN CAY LN S APT 409  
City-State-Zip: ST. PETERSBURG FL 33711-4677

*I hereby 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 all other like empowered.*

**SIGNATURE: RYAN R WHITLEY**

**RECTOR**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date