

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732350

**Entity Name:** ST. CATHERINE OF ALEXANDRIA EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

502 DRUID HILLS RD.  
TEMPLE TERRACE, FL 33617-0853

**Current Mailing Address:**

502 DRUID HILLS RD.  
TEMPLE TERRACE, FL 33617-0853

**FEI Number: 59-6509496**

**Certificate of Status Desired: No**

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

LATIMER, SUSAN J  
502 DRUID HILLS RD.  
TEMPLE TERRACE, FL 33617-0853 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 T  
Name JOHNSON, PAUL  
Address 401 FOREST PARK AVENUE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name EVANS, ALEXANDER  
Address 11506 LOUVRE PLACE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title SECRETARY  
Name BELOTE, JANNA  
Address 6620 BAYBROOKS CIRCLE  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name ROCKS, LANCE  
Address 8600 EAGLE BROOK DRIVE  
City-State-Zip: LAND O'LAKES FL 34638

*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: PAUL JOHNSON**

**TREASURER**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date