

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21697

**Entity Name:** ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA, INC.

**FILED**  
**Mar 15, 2025**  
**Secretary of State**  
**0772679740CC**

**Current Principal Place of Business:**

800 CENTRAL AVE  
STUART, FL 33495

**Current Mailing Address:**

P.O. BOX 1798  
STUART, FL 34995-1798 US

**FEI Number: 65-0128978**

**Certificate of Status Desired: Yes**

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

BOWDISH, JAMES L. S.  
555 COLORADO AVENUE  
SUITE ONE  
STUART, FL 34994 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 HANNA, HELEN  
Address P. O. BOX 588  
City-State-Zip: INDIANTOWN FL 34956

Title DC  
Name CLARKE, EULA  
Address 1008 E 16TH CT  
City-State-Zip: STUART FL 34996

Title MGR  
Name CHRISTIE, LORENZA A  
Address P. O. BOX 1267  
City-State-Zip: JENSEN BEACH FL 34958

Title DIRECTOR  
Name HANNA, HELEN  
Address P.O. BOX 588  
City-State-Zip: INDIANTOWN, FL 34956

Title SENIOR WARDEN  
Name ANTHONY, MILLER  
Address P O BOX 1798  
City-State-Zip: STUART FL 34994

*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: LORENZA CHRISTIE**

**MEMBER AT LARGE**

**03/15/2025**

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

\_\_\_\_\_  
Date